Lumleian Lectures.

ON

SOME POINTS IN THE RELATION BETWEEN MEDICAL AND LEGAL PRACTICE.

Delivered at the Royal College of Physicians,

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LECTURE I.—PART II.

THESE considerations have been brought forward in order to show that the testimony of experts is necessary for the purpose of arriving at truth in certain medico-legal investigations; further, that such testimony—viz., that of skilled witnesses—is essential to a due observation and appreciation of facts; yet further, that such testimony can only deserve its name and fulfil its function when the witness is really skilled—i. e., when he possesses those qualities of mind, that education of habits, and those stores of information, which alone can make him a competent observer; and lastly, that it is because medical witnesses have often been unskilful, in the particular directions in which their evidence has been taken, that so much discrepancy has occurred in their statements. Scientific testimony does not fail in the matter of facts because it is too scientific—i. e., too minute, too cautious, or too true,—but because it is wanting in minuteness, carefulness, and precision. It does not fail because it is that of an "expert," but simply because it does not possess that character.

The scientific witness is, however, not confined to facts; he has to state "opinions," and it is often in regard of opinions that the greatest diversity occurs. If the facts be not admitted, or, in other words, if there be utterly discrepant statements with regard to them, opinions cannot agree. The witnesses on either side have no common ground, no common aim; their opinions may hit something, but they cannot hit one another, and there is an amount of confusion and a tangled web of evidence which even the most learned judge finds it difficult and sometimes impossible to unravel. Based upon certain premises, an opinion may be right; but if the premises are wrong, the scientific inference, although logically correct, is wrong also, and it constantly happens that the discrepancy lies here. The premises, the facts, are not agreed upon; some are overlooked, some may be ignored, doubted, or denied, and then opinions must vary, and vary widely, and this although the opposing inferences or opinions may each of them—starting from their own particular basis—be scientifically and logically correct.

But when the facts are admitted, there is often great diversity of opinion with regard to their interpretation, and this divergence may be explained, at all events to some degree. In order to pronounce an opinion, the scientific witness has to pass into a region of mental exercise quite different from that which he occupied when observing or detailing facts. An opinion goes beyond the facts into either the past or the future. It has to discover cause, or to predict effect; and in dealing with the former (cause) it has often to enter into one of the most difficult, most treacherous, and most obscure paths of investigation—viz., that of human motive. A man has died under circumstances which lead to a medico-legal inquiry: his symptoms have been observed, and the facts with regard to them are granted; but the opinion of some men is that they were due to natural disease, that of others that they were owing to some poison he had taken; here is the difference with regard to *cause*. But among those who hold that poison caused the death, some may think that it was accidentally swallowed, others that it was criminally administered, others that it was taken with a suicidal intent; here is the difference with regard to *motive*. A man is injured in a railway accident, and the facts are granted; but some think that he will soon be well, others that his recovery is doubtful; here is the difference of opinion with regard to *effect*. Now in all these instances, as I wish to show, the scientific witness has to deal with very difficult problems in his profession, and in regard of one of them—viz., prevision—the most difficult.

In the search after *causes*, it is tolerably easy to advance to a certain extent, but it is very hard to pass beyond it. It is easy to say that such and such symptoms are due to a particular condition of the muscles, nerves, or vessels; and there is some satisfaction to be derived from proceeding a step further, and asserting that these muscular, nervous, or vascular changes are due to some such general conditions as we may denote by the words shock, insanity, hysteria, rheumatism, dyspepsia, hypochondriasis, and the like. But in medico-legal investigation the search after cause must be carried far beyond these resting-places, far more deeply than the ground upon which they are roughly sketched, or inaccurately mapped out. Behind and beneath all these terms lie the real *causes* that we wish to find. These words are but phrases expressive of certain concrete notions; they carry the deductive result of a certain amount of previous generalisation; but, after all, they only briefly express particular combinations of effects, and their usage not unfrequently stops the way in the inquiry for cause, and by so doing hinders the due appreciation of a case.

We often hear it said "these symptoms are all hysterical, or hypochondriacal, or are the effect of shock," and when this is said, the impression is conveyed that they are *pro tanto* trivial, and so thoroughly comprehensible that their future may be predicted with ease. Now, it is not always intended that such impression should be conveyed, and it is obvious that the inferences from it may be wrong. If we allow that the words I have used—hysteria, shock, and hypochondriasis—are convenient, and so convey some meaning, it must also be admitted that their meaning is not definite, and that they fall far short of expressing the real causative condition of the phenomena which we connote by them. What is wanted to be known is the nature and locality of the morbid change which has occasioned them, and, still further, the conditions which have led to its development. For example, a young lady of excitable temperament is emotionally "upset," and exhibits certain symptoms of severe character, which we call "hysterical." Such symptoms have a history that is tolerably well known, even if not tolerably understood, and sometimes their cause may be discovered with readiness, and their outcome predicted, if not with accuracy, with some sort of approximation to probability. But in another case, a strong man, of fifty years of age, receives a sudden blow, or undergoes some great anxiety. The blow may be mental, moral, or physical; he may be overtaxed in working power, shocked by some bad news, thrown from his horse, or bruised in a railway collision, and after any one of these he is an altered being, is unmanned, is incapable of doing what he did before, is anxious, sleepless, suffering, fidgety about himself and his affairs, and indeed so disturbed in his health that he may roughly, and yet perhaps fairly, be called "hysterical." But it would be an act of gross pathological inaccuracy, as indeed it would be of great social wrong, to place two such cases in the same category, and to let the common-place notions of hysteria derived from the one class be applied in all their fulness to the other; and yet sometimes, by the mere use of words, such injustice has been inflicted. When wrong of this kind has happened, it is because the search for cause has not been carried far enough; because the inquiry has stopped short at words, which, although convenient, are so indefinite that they convey widely different meanings to different minds, and thus form the grounds upon which very contradictory opinions may be based.

This one example is sufficient to illustrate one reason for the want of agreement between medical experts and the want of satisfaction which results from such discrepancy. Words are used in different senses by the witnesses on either side, and neither counsel, judge, nor jury can always see the real point of divergence. Each of these "legal" functionaries understands the terms that are employed in accordance with his own preconceived notions, and rarely any one of them puts to the witness a question which bears upon the real point at issue. The halt is made at a mere word, such as hysteria, and opinions of counsel, jury, and of the public fly off in different directions, like sparks from an anvil, at an unlucky as well as at a lucky hit. When anything is asserted to be a *cause* of symptoms, it should be most carefully determined that all words of acknowledged doubtful meaning be avoided.

In prosecuting the search for cause, the medical witness is obliged, in many cases, to consider motive; and this, although often of such nature as to be appreciated by common sense, sometimes requires the skill of an expert for its discovery. The distinctions between accidental and suicidal death, between infanticide and concealment of birth, between murder, manslaughter, justifiable homicide, and accidental killing, and between real and feigned diseases of either body or mind, involve

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the examination into motive, and in such process the greatest amount of knowledge, skill, caution, and tact is required. If we inquire into the reason for much discrepancy of opinion on these points, it will, I think, be found that the real source of the wrong-sided thought exists in the want of observation of facts. The old story of "eyes and no eyes" is often exemplified in such inquiries on a large and serious scale. Some may pry into motives perhaps too curiously; others certainly let slip the opportunity for their notice. They leave undone what they might and ought to have done; form their notions on insufficient data; cannot either affirm or deny the existence of what they did not look for; but express opinions which may be true to their own convictions, but which are not necessarily true to fact. The difficulty of this inquiry is very great; its results are affected, not merely by the knowledge and shrewdness, but by the temperament of the observer; and if "a fool may now and then be right by chance," the most dispassionate and the most skilled physician may now and then be wrong. Some people manage to throw themselves mentally into the position of others, and to gain some glimpse of what is passing, or may have passed, through another's mind; but there are even able men who cannot conceive of a mode of thought or feeling which differs from their own. If either class should chance to fail in medico-legal evidence, there is a reason for such failure. The one fails through plasticity of mind, the other through rigidity; the one may imagine that which never existed, the other cannot imagine that which did; the one believes a thing because it is outside of his previous range of thought, the other cannot believe that there is anything which his thought has not already grasped; the one is attracted by a proposition because it appears to be incredible, the other starts away, as with a moral repulsion, from everything which might possibly ruffle the smooth and polished surface of his antiquated and stagnant belief; the one may not be a good interpreter of motive, but the other must be a bad one. A position between these two extremes is the only safe one for the interpreter of motive. A man should be able to throw himself mentally into the position of another; but he should have so much ballast as to prevent him from being lightly thrown; he should be able to travel into untried regions, but he should, while in them, not forget himself. If the physician would expound motive, he must carefully observe not only himself, but others, and, by a survey of a wide range of human thought and feeling, fit himself for this weighty business. Because he has not always done so, numerous discrepancies have occurred in testimony. The medical witness is supposed to be scientific and expert in this matter; but it is one of the regions of thought which lie on the outside of the ordinary routine of daily practice, and which requires more than the ordinary amount and kind of skill for its successful investigation.

The common questions asked of the medical witness in doubtful cases of life insurance, of injury, and in the treatment of the insane, are those of prognosis, or prevision; and it is in the answers given to such questions that perhaps the greatest diversity of opinion is encountered. In explaining this, all that has been said about the importance of an observing faculty, of extensive knowledge, and flexibility but not flaccidity of thought, is applicable. The present facts of the case must be known, and also all those which bear upon it; but even under such circumstances much difference of opinion will arise, and will continue to do so, it cannot but be believed, for some time to come. The reason for this is to be found in the obvious condition of medical science. That which is the test of the existence of a science is the power which it possesses of "prevision." The degree to which any particular science has advanced may be measured by the practical amount of this predictive power. In astronomy and physics prevision is as minute and accurate as observation itself; but in the more complex sciences which have to deal with life, prognosis, though sometimes safe enough, is too often—and this from the condition of physiology and pathology, and not from any fault in the individual practitioner—either one among many guesses, or is utterly unattainable.

The questions that are asked are—Will this man live during an ordinary lifetime? If not, during what time is he likely to survive? What addition should be made to his age in order to place him on the scale that we can work with? Or, What is the probable issue of this injury? Will the patient recover, or will he be permanently disabled? If he will recover, how long, and in what degree of comfort or discomfort, will he exist till his restoration be complete? If he will not recover, how long may he be expected to live? Or, again, if the patient be insane, what will he be in a week, a month, or twelve months hence?

Now I assert that, exact as it may be in many matters and when dealing with large numbers, medical science is not yet sufficiently extensive or precise to furnish accurate answers to questions of this kind in particular cases; and, further, that in very many instances the answers that are given are, and necessarily must be, mere guesses at the truth. In the present state of affairs, the medical man is asked, and must be asked, definite questions; and his answers are, and must be, not those of definiteness, but of probability and possibility. It is not the fault of the individual that his answers are couched in terms of doubt; it is often his fault that they are not: it is because the science of medicine, as a whole, has not yet arrived at exactitude, that many diverse opinions are not only possible but tenable. Books, recorded cases, and current beliefs may give much assistance to one anxious to obtain a wide foundation on which to build his thoughts; but the actual experience of the individual is that which, practically and in the main, directs his mind; the readiness with which the mind answers to such directive power being determined by what we call the "temperament."

Everyone knows that some men take gloomy views of everything, and especially of their cases; while others are so hopeful that they cannot believe in the probability of a future evil, or that their patients can get worse. The one man, by his despair, lets opportunities pass by unused; the other clutches at floating straws, and cannot but believe that they are life-buoys in which he may place implicit trust. The one detects no glimmer of light in the darkness that lies before him; while the other has a Mr. Micawber-like belief that something he has not yet dreamed of will assuredly "turn up" and help him. Much of both of these qualities is quite independent of, and indeed often opposed to, experience; but those who belong not to either extreme, who are neither oversanguine nor unduly despondent, are guided by experience, and mainly by their own. Herein lies one of the most fruitful sources of discrepancy. All who have seen much of disease, and some who have seen but little, have met with rare or what we term "exceptional" cases; and such cases do not and cannot fail to make strong impressions upon the mind. The force of influence exerted by one rare case is sometimes so strong as to overbalance that of twenty ordinary examples of acknowledged, commonplace disease; and the disturbing influence of such exceptions to ordinary rules is to be seen in much of the writing, speaking, and acting of the present day. It is scarcely possible to alter this; in regard of its ultimate effect upon the science of the future, it is undesirable that it should be altered; but, in the meantime, errors and injustice may arise from the fact of its existence. If the range of personal experience be very large, and the power of discrimination be proportionate to the extent of the field over which it passes, the resultant direction given to prognosis will be, in the main, correct. I say in the main advisedly, because it may just happen to fail in its application to the particular case in question. Such failure may be due to the very fact of the largeness of experience; the few exceptions, so called, to general principles are lost sight of in the multitude of examples of their correctness. But it must be remembered that rare cases are just as real as common ones, and that what we term an exception is often a most significant illustration of the truth that our general statement was erroneous. If the generalisation could be honestly applied to the case; if there was nothing whatever which could be seen to remove it from the category in which it had been placed, and yet the outcome proved different from all that it ought to have been,—that generalisation was wrong. There are no exceptions to, no variations from, natural laws, while there are many departures from our notions about them; so that "exceptional cases" are the demonstration of the inadequacy of our science. The general proposition is wrong because it includes too much and excludes too little—because in its application certain things are overlooked which, if we could see them, would either remove special cases from the category in which they had been placed, or necessitate an alteration in the general statement. One of two alternatives must exist: either the particular case is not under the law that has been expressed, or the law has been wrongly stated: it was wrong either on the one hand to have used the general inference to the special instance, or on the other to formulate such general expression. If the pathology was right, diagnosis was at fault; if the diagnosis was correct, pathology was wrong.

By these remarks it is my wish to show that the failure of medical evidence in regard of prognosis is a necessary result of the present condition of medical science; that it denotes neither carelessness, ignorance, dishonesty, nor even partisan-

ship; that it depends upon the varying ranges of experience, and the different temperaments of mind; and that it must exist until the science of pathology, with its applications to diagnosis and prognosis, has become exact. The medical witness is asked a question to which he cannot give a definite answer, not because he is personally at fault, but because the general science is defective in this direction. The question of prognosis is natural, important, and in some cases necessary, and the jury must do the best they can with the varying answers that are given; but few cases will present themselves in precisely the same way to different minds, and those differently constituted and differently educated minds will and must form different opinions about their future. As the science of pathology advances and is known the discrepancies will gradually decrease; but they must exist until it has arrived at a degree of scientific ordination from which at present it is far distant. The prognosis of life, of disease in general, and of diseases in large groups, may be calculated with precision and accuracy to three places of decimals; but the general statistics of disease or injury are not of such kind that they enable us to determine with certainty, or even approximation to certainty, the issue of a particular case. Statistical pathology deals with masses; a medico-legal inquiry, with an individual. Prognosis may be true in its general, but most fallacious in its special, application.

ON A

NEW METHOD OF TREATING COMPOUND FRACTURE, ABSCESS, ETC.

WITH OBSERVATIONS ON THE CONDITIONS OF SUPPURATION.

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PART I.—(*Continued.*)

ON COMPOUND FRACTURE.

CASE 6.—The following case terminated fatally, but from circumstances of an accidental nature; and I trust that the instruction to be derived from it will not be interfered with by the unhappy ultimate result.

John C——, aged fifty-seven, a labourer, was working in a quarry at Row, near Helensburgh, on the Clyde, at nine A.M. on Oct. 26th, 1866, when, striking with a crowbar an overhanging part, he brought down an enormous mass of stone weighing six or seven tons, which fell in large blocks on and about him. His right thigh-bone was broken in its lower third, and, as afterwards appeared, the end of the upper fragment was driven through the skin at the inner aspect of the limb a little above the knee. The right collar-bone was fractured at the same time, and he was severely contused in other parts. It was long before his only companion in the quarry could extricate him from his position, and the procuring of a conveyance involved further delay; so that a considerable period elapsed, during which he lost much blood from the thigh, before he could be taken to Helensburgh. Here he was placed on a litter, with a warm moist blanket round the limb, with the object, as he said, of checking the bleeding, which, however, it could not but tend to encourage. He was then conveyed by train to Glasgow, where he reached the infirmary six hours after the occurrence of the accident.

Dr. Archibald Cameron, the house-surgeon, seeing the case to be a very grave one, at once sent for me, but without any delay introduced carbolic acid into the wound by means of a piece of lint held in a pair of dressing forceps, passing it about an inch in every direction beneath the integument, after squeezing out a considerable quantity of extravasated blood from the orifice, which was large enough to admit the tip of the finger.

On arriving, an hour after the patient's admission, I found him in a state of prostration sufficiently explained by the severity of his injuries and by the blood lost to the circulation, including a large amount extravasated in the limb, and distending, not only the whole thigh, but the calf, the tenseness of which contrasted strikingly with the flaccidity of the other.

Under these circumstances decomposition of the blood effused among the tissues would have been necessarily fatal. And yet, considering the length of time that had elapsed since the receipt of the injury, and the fact that a reeking flannel had been for two hours in contact with the wound, and had already a somewhat offensive odour when removed from it, there seemed but a poor chance for the treatment with carbolic acid. On the other hand, taking into account the man's time of life and general condition, I believed that to amputate through the thigh infiltrated with blood would be certainly to kill him. And therefore, as it was impossible to say that the other treatment had no chance, while, if it should prove successful, it would have the immeasurable superiority of saving limb as well as life, I determined to persevere with it.

Having removed from the wound the dressings placed on it by Dr. Cameron, I forcibly squeezed out a further large amount of blood, and applied carbolic acid in lint and also mixed with blood, so as to provide for a crust of considerable thickness overlapping the skin by about half an inch every way. This was covered with a circular piece of tin, two inches across, well bulged out except a flat margin about a quarter of an inch wide, which rested on the surrounding integument. This tin cap was retained in position by a single turn of bandage tied round the limb.

The lower end of the upper fragment was much displaced downwards in the vicinity of the wound, but returned towards its natural position on extension of the limb. There still remained considerable depression anteriorly over the seat of fracture; but the lower fragment did not seem to project towards the ham so much as to forbid the use of the long splint. This I accordingly employed with two interior splints to support the muscles of the thigh, one of Gooch's material on the outer aspect, the other a large sheet of stout block tin, embracing the anterior, inner, and posterior aspects of the limb to a little below the knee, padded in the first instance with a dry towel, for which a hot fomentation should be substituted when all tendency to hæmorrhage should have ceased. The object of having the tin extend round the back of the thigh was that it might prevent the discharges from soaking into the bed beneath; and in this way it proved extremely useful.

He passed an uneasy though not entirely sleepless night, suffering more from his shoulder and bruised side than from the thigh. Next morning his aspect was favourable, the pulse 76, and tongue natural; he took a little tea for his breakfast, but nothing solid. The tin cap having been removed, care being taken to avoid detaching the crust along with it, carbolic acid was applied to the surface of the latter. A hot fomentation cloth was then placed on the inner side and front of the thigh and gave him great comfort, and when the dressing was completed he was quite easy. The interior splints being kept in position by looped bandages, and the long splint by the usual folded sheet fixed by pins, along with the perineal band and handkerchief round the foot, the fomentations could be changed night and morning without any disturbance of the limb.

The following night he had a good deal of sleep, the thigh not causing him any inconvenience; and next day, the third after the accident, he took solid food with relish. His pulse was 72, and his tongue continued moist, though he was somewhat thirsty. The crust was touched again with carbolic acid, and covered with a circular piece of calico to prevent the tin cap from adhering to it. He still found comfort in the fomentations.

On the fourth day he made a substantial breakfast after a good night's rest, and was not so thirsty. There was, however, now seen for the first time a slight blush of redness on the front of the thigh over the seat of injury. This was on the fifth day somewhat increased, and the thigh and calf were both more swollen. The tongue also was slightly furred at the base, and his appetite was not quite so good.

On the sixth day the dimensions and appearance of the limb were unaltered, but on the seventh both the redness and swelling were distinctly diminished.

By the end of the second week his appetite was improved and his pulse was 76; while there had not been a drop of discharge from beneath the crust, which had been still touched daily with carbolic acid, the fomentations also having been continued. The swelling, however, had not subsided, and the redness, though varying in extent and degree, had never disappeared from over the seat of fracture. On the fifteenth day a defined prominence made its appearance at this part in a space about as large as the palm of the hand, a little further forward than the crust, and a sense of fluctuation was to be perceived in it. In the evening Dr. Cameron, on changing the

fomentation, saw more pus than he thought could be accounted for by the superficial excoriation round the crust, and next morning, on removing the flannel, I found it soaked with similar discharge; a considerable quantity also lying between the tin splint and the limb. On raising the tin cap, the matter was seen welling out from beneath the lower edge of the crust. It was perfectly free from odour, confirming the conclusion I had previously arrived at that this abscess was not in any way caused by decomposition from atmospheric influence. The long period that elapsed before it made its appearance, together with the absence of any serious constitutional disturbance, clearly showed that the carbolic acid had effectually answered the purpose for which it was applied, the constant oozing of blood from the small wound having doubtless been in the patient's favour, by preventing decomposition from penetrating far into the interior before he came under treatment. We know that a mass of extravasated blood occasionally becomes the seat of suppuration without the existence of any external wound. A curious instance of this occurred lately in my practice, in a boy who fell down the hold of a ship upon his head, and, besides serious cerebral symptoms, exhibited at once a remarkable prominence of the right eyeball, evidently due to extravasation of blood into the orbit. There being no wound, I expected that the blood would be absorbed; but after the lapse of several days, the prominence of the eye showed increase rather than diminution, and the boy began to complain of supraorbital pain. Fluctuation then became perceptible, and pus was evacuated by incision, after which the eyeball gradually resumed its natural position.

Such I supposed to be the nature of the abscess in C——'s case, and previous experience made me fear that, if decomposition of its contents should occur, the irritation of the fetid pus might cause very serious consequences from rapid extension of suppuration among the imperfect and feeble products of the organisation of the blood in the yet swollen limb.

Hence I had intended to evacuate the matter by aid of carbolic acid in such a way as to prevent decomposition. As the abscess was not near the surface at the part where it appeared to be pointing, I had reckoned on having plenty of time for my operations, and was greatly disappointed to find that it had discharged itself spontaneously.

Nevertheless, as the pus was proceeding from beneath the crust impregnated with carbolic acid and was still quite odourless, I did not altogether despair of attaining my object. In order to make the crust more effectual, I extended it for about three quarters of an inch at the part from which the pus was escaping, by a piece of lint dipped in carbolic acid, which, when mixed with pus, forms a sort of curdy mass which answered pretty well for a crust. A considerable quantity of matter, of moderate consistence and greenish white colour, was then pressed out from the limb. A new tin cap having been made, large enough to cover the whole of the extended crust, the fomentation was continued as usual.

Next day it was evident, from the sense of fluctuation, that reaccumulation had occurred in the abscess, but no further discharge had taken place. On removing the tin cap, however, pus was seen to well out from a new situation at the upper edge of the crust. A piece of lint dipped in carbolic acid was at once placed on this part, and the matter was pressed out and carefully collected, measuring 3oz., of moderate consistence and yellowish white colour, still without odour except that of carbolic acid. The crust having been somewhat extended at the situation of the new opening, the whole was freely treated with carbolic acid, the tin cap readjusted, and fomentation continued.

During the rest of the week that followed the first evacuation of the abscess the same treatment was pursued with the most satisfactory results. Some pus was usually seen on the fomenting flannel both morning and evening, and some was pressed out of the limb from the orifice last formed, but the amount rapidly diminished in quantity, and also became thinner and more transparent, while it continued free from odour. It may be worth while to mention in detail the quantities obtained from the limb in the morning of each of these days. On the seventeenth day it was an ounce and a half, somewhat thinner than before; on the eighteenth, two drachms and a half, decidedly thinner; on the nineteenth, half a drachm, much thinner and more transparent; on the twentieth, a quarter of a drachm, similar in quality, and on the twenty-first, six drops only, and almost free from opacity. Finally, in the evening of that day no discharge was seen on the flannel, nor could any be squeezed out from the limb. Meanwhile the calf, which had increased markedly in circumference just before the abscess opened, steadily diminished, and in the thigh all swelling disappeared from over the seat of fracture, so that the end of the upper fragment, previously quite obscured, could be distinctly defined. His general health, too, had improved; his tongue had become quite clean, and he had acquired for the first time since his admission a genuine appetite, the pulse continuing about 72.

I suspect, however, that this success made us relax a little our vigilant care in guarding against decomposition. But be this as it may, the method which we pursued in order to avoid it was not, as experience has since shown, thoroughly trustworthy. Would that I had at that time known of the mode of proceeding which will be found described in a future section of this communication. Very different then might have been the issue of the case!

On the twenty-second day pus was again found in the flannel, and some bubbles of gas were observed to escape along with the two or three drops that could be squeezed from the limb, and these had a distinctly offensive odour. Judging it now useless to retain the crust any longer I removed it, and found the original wound still sealed by the original clot, the openings by which the pus had escaped being new apertures in the skin overlapped by the crust. In the after part of the day he had a good deal of uneasiness, and in the evening half an ounce of pus, with numerous air-bubbles, was pressed out of the limb by Dr. Cameron. After this the patient passed a comfortable night, and in the morning only two drachms of matter could be procured from the thigh, but this was thicker and more opaque than it had been, with decidedly offensive odour, and contained bubbles of gas; there was also pus in the flannel. There was, further, some return of swelling over the seat of fracture.

But though the plan of dealing with the abscess had failed to accomplish all that I desired, its essential object appeared to have been attained. For during the week in which decomposition was prevented, the thigh had become so much consolidated and strengthened that all danger of serious consequences seemed to have been tided over. No extension of the suppuration took place beyond the trifling degree above described, and his constitution did not suffer. Any further use of carbolic acid being obviously uncalled for, the sore was simply dressed with a lotion, the lint being so arranged as to allow free escape for the pus, and afterwards, to promote this more effectually, a small perforated caoutchouc tube was introduced, a dry cloth being substituted for the fomentation. Under this management, the discharge gradually diminished in quantity, and became again thinner and more transparent, and the swelling of the calf became steadily reduced.

Still the opening did not close, and on the 2nd of December, more than a fortnight having passed in this way, I introduced a probe, and found that it passed downwards to bare bone, including a considerable extent of surface in the lower fragment. Here, then, was presented the prospect of a tedious process of exfoliation; whereas if decomposition of the pus had not occurred, the granulations would probably have closed upon the dead bone, and absorbed it, as in the last case, and the fact that any part had lost its vitality would then never have been known. That there is a reasonable ground for this belief will, I trust, appear from the discussion in the succeeding section.

For a long time the progress of the patient continued satisfactory, the process of union of the fragments advancing steadily, till in the early part of February, the bone being firm, the splints were entirely discarded, and the case was reduced from one of fracture to one of limited exfoliation. It was satisfactory also to find that the knee-joint continued movable, so that I confidently anticipated recovery, with a perfectly useful limb.

At this period, however, a new symptom presented itself—viz., hæmorrhage from the sinus. Mr. Hector Cameron, my present house-surgeon, who saw the first appearance of bleeding, supposed it to proceed from the surface of the granulations; for it was then small in amount, and ceased spontaneously. Some days later, however—viz., on the 11th of February,—a very profuse hæmorrhage occurred, the blood soaking through the bed, and dropping upon the floor beneath, before it was observed, and the gentleman who was summoned to see the patient in Mr. Cameron's absence, found him pulseless. He afterwards rallied to some extent, but remained utterly prostrated, and unable to retain the slightest nourishment. As the popliteal artery could be felt beating in the lower part of the ham, I hoped that the source of the blood might be some minor branch, which might possibly close. But it afterwards appeared that a circular opening existed in the main vessel, occasioned no doubt by the pressure of an irregular projection of the lower fragment. It would be irrelevant to relate particu-

larly the history of his yet further exhaustion by recurrent hæmorrhages after delusive temporary cessations, or of my attempts to restore him by tying the popliteal artery, and making arrangements for transfusion, to which he declined to submit. He died on the 25th of February.

(To be continued.)

ON

CASES OF INJURY FROM RAILWAY ACCIDENTS;

THEIR INFLUENCE UPON THE NERVOUS SYSTEM, AND RESULTS.

BY THOMAS BUZZARD, M.D. LOND.

IN October, 1865, I published in THE LANCET, under the head of "Shock to the Nervous System," brief notes of the condition at that time of some persons who had been injured in a railway accident four years previously. Having found much interest and no little instruction in pursuing the inquiry into this matter, it occurred to me that a collection of similar cases might form a valuable addition to our knowledge of a confessedly obscure subject. With this object in view, I applied to several of the railway companies for information respecting the names, addresses, &c., of persons to whom compensation had been paid some years previously for injuries incurred on their lines, intending to seek them out, and ascertain their actual state. My efforts here were unsuccessful, although the application was, in each instance, most courteously considered. No records, I was informed, had been preserved of such cases, nor could any help be afforded me in the object of my inquiry. Foiled in this quarter, I appealed (in a letter published in THE LANCET of Jan. 6th, 1866) to the profession at large, and this time with much greater success. Printed forms of inquiry, which I drew up and sent to as many medical men as applied for them, were, in numerous cases, returned to me filled in; and I received besides many letters indicating great interest and sympathy in the projected undertaking. In other instances, promises of assistance were given which have not as yet been performed; and I cannot feel surprised at this, considering the constant calls upon the time of hard-worked medical practitioners. I am still in hopes, however, that some of these gentlemen will yet manage to communicate with me, and add their quota to a record which must be valuable in proportion to the number of its observations.

I propose to embody in the present series of papers a condensed account of the information acquired partly by my own observation and partly through the disinterested kindness of my correspondents. To many of these I am indebted more deeply than I can express. It would be invidious to single out names from the list, but my readers will be, to a certain extent, able to judge for themselves of the amount of labour that many gentlemen have thus taken upon themselves. There will be some cases, however, in which, for certain reasons, the name of my correspondent will not be published. And here let me say that I shall endeavour, as a rule, in recording cases of injury and their results, to avoid such particulars as would indicate the personality of the patient. This course is due to the feelings of the genuine sufferers, and in the case of others it is a necessary precaution. That instances have occurred in which exaggeration of injury, or even the pretence of suffering, has so far succeeded as to obtain for the plaintiff in an action at law an amount of compensation to which he had no moral or legal claim, is a fact which I suppose cannot be doubted. But I have found it almost impossible to obtain any thoroughly reliable information respecting such cases. It is not likely, of course, that the principal persons concerned would volunteer particulars, and the account that is obtained at third or fourth hand is generally so confused and garbled as not to be trustworthy. Many stories of this kind have reached me, which for this reason will find no place in these papers. Nor is it my intention to refer to the actual amount of money compensation granted to persons alleged to be injured. It is no part of a medical man's duty in these cases to advise as to a just amount, and the less he is involved in questions of this kind the better. Nor would a statement of the sum awarded assist the description of the case. To name the amount of compensation without also entering into various minute details relating to the alleged ordinary income of the patient, the expenses to which he may have been put and which were still likely to be incurred, would lead to conclusions as useless as they would certainly be erroneous.

It is perhaps as well to state here that I entered upon the collection of cases which will be related with no foregone conclusions as to the severe or trivial effects of railway accidents. It is not my aim to prove, on the one hand, that every passenger who receives a shake in a collision has a strong ground for claiming heavy compensation from a railway company; or, on the other, that such persons usually exaggerate or feign their ailments. I shall endeavour to lay before my readers, as impartially as possible, what account I have been able to obtain of the after-history of persons who have met with accidents of this nature. No one can have read the frequent reports of cases of this kind in our law courts without feeling that it would be very interesting to learn what became of plaintiffs who were described by some medical witnesses as permanently injured, and by others as only temporarily damaged, or even as absolute pretenders. Such a record will probably be of service, although of course it can only pretend to be a very small step towards that more complete knowledge of these injuries which is so much to be desired, and which the increasing exactness in medical diagnosis at the present day renders probable may ere long be attained.

If care be not taken, a very erroneous conclusion may possibly result from a perusal of the cases subjoined, and this I am very anxious to guard against. It has been much more easy to obtain histories of persons who have sustained severe or permanent damage than of such as have speedily recovered without any ulterior mischief. These reports must not therefore be viewed in a statistical light. Even if that process were a fair one in this particular subject, it would require, for it to have any weight, not only that the history of *all*, or at least a very large number, of cases of railway injury should be recorded, but that, besides this, such a classification should be made as would group together persons whose social position, age, sex, previous health, and other circumstances, might afford grounds for scientific comparison.

Railway accidents present such varieties that it would be impossible in my short space, even if it were necessary, to enter upon the question of the mode in which life is endangered in each. It will be sufficient if we consider that accident which is the most common of all—namely, when a train runs into some obstacle, usually another train, at rest upon the same line of rails. It is evident that, for the time being, the contents of the train form, as it were, a part of it, and they move forward with its velocity. The check suddenly occurs. A passenger seated in one of the carriages, facing the engine, is thrown violently forwards, his *inertia* tending to make his body retain the motion previously acquired. If he strikes any object, he is apt to be thrown backwards again from it. If he be sitting with his back to the engine he is first thrown backwards against the partition, and then by recoil he is projected forwards. It may happen in each case that he comes violently into collision with either the body of a fellow-passenger sitting opposite or some part of the framework of the carriage. In this way severe blows may be received, causing more or less internal injury, and fractures, cut wounds, or bruises occasioned. It will be observed that if he occupies the first position (face to the engine) he is subjected chiefly to one source of danger, and, so far as the outside of his body is concerned, there may be no sign of injury. In the second position, however, he is more exposed to the chance of injury to the back, for, on the check occurring, the body is necessarily forced backwards against the partition. Of course, if, instead of the train running into another in front, a second train runs into *it* behind, the contingency is reversed. These are elementary truths, and I only touch upon the subject as a prelude to another consideration. It is often a matter of consequence, in estimating the gravity of a blow received under the circumstances, to obtain some idea of the force by which it was occasioned. This is evidently a subject of the greatest possible difficulty. It will depend, amongst other things, upon the weight of the individual, the speed at which the train was travelling, the suddenness or gradual character of the check, the degree to which the passenger—being prepared or unprepared for the occurrence—exerted his muscular system to overcome the *inertia* of his body; and, lastly, upon the distance of the object against which the passenger's body is driven, and the condition of this, whether at rest or in motion. It is useful here to remember that the amount of

inertia increases with the quantity of matter: a fact which partly explains why a young child will often escape with a slight blow, when a heavy adult in the same carriage receives a severe one. The velocity is the same; the amount of *inertia* widely different. Nor is the law to be forgotten that "Forces are to be measured as much by the time or space through which they act, as by their difference of intestine or momentary power." The force which carries a passenger forwards, in the first position described, may be represented as his own weight multiplied by the square of the velocity with which the train (or his body) is moving; so that with a speed of twelve miles an hour this passenger will be thrown forwards with four times as much force as would be exerted if the rate were only six miles an hour. This, however, supposes that the train in motion meets with a direct resistance equal to its momentum, and is consequently checked on the instant. But there is a general law that a body in motion, striking against any substance, loses a part of its momentum, which is communicated to the substance against which it strikes. Now, if the resistance be unequal to the momentum of the moving train (and it manifestly may fall to any extent short of this) the motion will not be altogether stopped, but continued at a diminished rate: whence, of course, the very great difference in results whether the moving train runs into a single truck or into another train heavier than itself.

It is very common to read in newspaper reports of railway catastrophes some such sentence as the following:—"Several of the passengers were very severely shaken, but, fortunately, no serious injuries were inflicted." In the records of our law courts will be found numerous instances of cases coming to trial where the plaintiff claims compensation for injury of precisely this kind. He can point to no part of his body which has been especially damaged by fracture, wound, or bruise; and he is not conscious of having received any blow. But he has been shaken, and he describes a train of symptoms of "shock to the nervous system" with which everyone is now familiar. Such cases as these, there can be no doubt, are looked upon with peculiar suspicion in courts of law. It is often objected, and sometimes with justice, that there is little but the bare assertion of the plaintiff on which to form an opinion; and it has been remarked that in large hospital experience such phenomena are scarcely at all familiar to the surgeon as the result of those violent injuries which it is his every-day duty to treat. Of the general truth of this latter assertion there can, I think, be no question. It is very exceptional indeed to find patients admitted into hospital for ordinary accidents who detail symptoms of "shock to the nervous system." But we do find some instances, and I shall have to refer to a few in connexion with my subject. Disregarding these for the moment, it is worth while to inquire into the probable cause of this apparent anomaly. It will be allowed that it may be explained in one of two ways. 1. The symptoms are factitious, or at least exaggerations of morbid sensations due to moral influence, and trifling in their nature. 2. The symptoms are genuine; and there is something special in the nature of a railway accident which gives rise to them.

As regards the first alternative, the result of my investigations has led me to think the explanation insufficient. When we find persons differing in sex, age, physique and temperament, social position and education, showing a remarkable unanimity in the description of their symptoms, we are compelled to acknowledge at least the high probability that these have a physical origin. If we reject this explanation, we are compelled to acknowledge the likelihood of a special kind of injury resulting from a railway collision. Now an analysis of the causes of injury under these circumstances will, I think, reveal the following as the most important:—

1. A more or less severe blow upon the body of a passenger if he comes violently in contact with a fellow traveller or the framework of the carriage. In this way he may sustain bruises, hæmorrhage from cut wounds, fractures, dislocations or strains, &c. This source of damage is sometimes entirely absent.

2. When a sudden check occurs to the speed at which the train is moving, and the passenger's body is prevented from advancing on account of the obstruction presented by a partition or some such obstacle, such of his viscera as are *suspended* in his trunk, or so situated as to permit movement, will, in obedience to dynamical laws, continue their acquired motion so far as their attachments permit. The brain, filling as it does the cavity of the cranium, would not probably be so much influenced by this; but the spinal cord, being disproportionate to the size of the vertebral canal, would necessarily obey this law. A certain amount of strain is therefore placed upon the structures—nerves, ligaments, &c.—by which the cord is held *in situ*. The same holds good of the heart and its large vessels, and, more or less, of the abdominal viscera. The strain thus occasioned may or may not be great. This, however, is a matter of little importance in our present consideration, since the condition is not peculiar to railway accidents. Whenever, as in a fall from a height on to the ground, a sudden check is received, the same dynamical law will apply.

3. The collision of a heavy train with an obstacle causes a jar or shock to pass through every portion of its framework. The violence of this shock will, I should suppose, be influenced by the momentum of the train. It may be so slight as only to cause a passing thrill or vibration, or it may be so severe as to cause disruption of the woodwork of a carriage. In the latter case the force is spent in producing this disruption. If we imagine for a moment such a degree of violence as *just falls short* of exhausting itself by splintering the carriage, we can conceive the existence of an unusually potent source of injury to the human frame. For it must be remembered that the bodies of passengers seated in the train are in direct contact with parts of its framework, and consequently receive their share of the impression given to the whole. The elasticity of the soft structures in places where these cover the body doubtless materially modifies the influence of any shock received at these particular points. But there are parts of the frame, notably the spinal column, where this protection is wanting, and nothing intervenes to prevent the shock influencing the passenger's body as it does the woodwork of the carriage. I shall call this agent "shock" or "jar," for want of a better term. Whatever it be, it is evident that the minute particles of matter exposed to it have their relative positions changed for a longer or shorter period. A familiar experiment illustrates very fairly the point we are now considering. If a stick be laid so that either end is supported by a wineglass, and then be forcibly struck about its middle with a hammer, provided the force be sufficient, the stick will be broken in two, and the glasses remain unhurt. If a force insufficient for this be used, the stick will remain whole, but the glasses will be smashed. So it has not unfrequently happened that passengers have scrambled out of the wreck of a smashed railway carriage unhurt, when others occupying a carriage which has escaped destruction have been seriously damaged by shock. If there be, as I think there is, a peculiarity in the effects of a railway collision, it seems likely that it is to be found in this unusual violence of shock. For it must be remembered that before the introduction of railways we never had the opportunity of subjecting ourselves to such a shock as is produced by the sudden concussion of a vehicle (formed by several carriages) weighing, perhaps, several hundred tons. There are so many circumstances to be considered that I do not think it is possible to express in precise terms the relation which the weight and velocity of the train bear to the amount of this shock. In general terms, however, the degree of shock must be materially influenced by the momentum of the vehicle. The enormous momentum of a heavy train, even when moving at a comparatively slow space, is very apt to be forgotten. A train of 500 tons weight, moving at four miles an hour, will have a momentum equal to that of a train of 50 tons going at forty miles an hour. When we hear, therefore, of the very slow pace at which a certain train is stated to have been moving when an accident occurred, it is necessary to know something of the length of the train, and consequently its weight, ere we can form an estimate of its momentum.*

4. Constitutional shock and terror, of longer or shorter duration, must be included amongst the causes of injury. It has been sometimes thought and said that the "suddenness" of a railway accident plays an important part in its mischievous effects. But accidents are always sudden. It is probable that this shock—or *ébranlement*, as the French writers call it—is nowhere seen to such perfection as on a battle-field, and here at least the persons engaged have no claim to assert any want of preparation for the violence which produces this result. The condition is one which would seem to depend very much upon the patient's natural temperament. Some men, upon the receipt of even a slight injury, are seized with deadly pallor, profuse perspiration breaks out, vomiting occurs, and an irresistible tremor affects the limbs. Others will receive a severe injury—the smashing of a limb by a cannon-ball for example—without showing a sign of mental or physical agitation. In the former case, however, we do not often find those lasting symptoms of shock to the nervous system which con-

* I have introduced these remarks on the *dynamics* of railway collisions with very considerable diffidence. The subject is one of exceedingly complex character; and my views upon it, I must in fairness admit, are more or less conjectural. The point is one which seems to me to have been strangely overlooked.

stitute so remarkable a feature in injuries from railway accidents.

I am disposed to think that of these four sources of injury the third is the only one which can be considered as at all peculiar to railway accidents. It seems probable that severe damage to the nervous system has arisen from exposure to this violent shock where no actual blow has been received. How far this is the case, and to what extent it tends to modify the symptoms present in the more common cases where there is evidence of a blow on the head or spine, is a problem which needs very large and careful observation for its solution.

(To be continued.)

ON A CASE.

OF

EXTRA-UTERINE PREGNANCY:

WITH CLINICAL REMARKS.

By ROBERT GREENHALGH, M.D.,

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(Concluded from page 360.)

IT may now be interesting and instructive to you, gentlemen, if I append some few particulars of great practical importance connected with this subject. Dr. Campbell, in his excellent and critical monograph on Extra-Uterine Gestation, remarks: "After the extinction of its (the fœtus's) life, the fœtus has remained a long series of years in the abdomen of the parent with little inconvenience to her." He, however, suggests no method by which the progress of development can be arrested and such a result effected. Dr. Churchill says, "the child dies soon after the rupture of the cyst in most cases." Dr. Murphy remarks, "the treatment of such cases is out of our reach." Dr. F. H. Ramsbotham states, "Our treatment must depend entirely on the symptoms, and must be directed to the relief of pain and assisting nature in her efforts to get rid of the offending mass;" and further, "It cannot be necessary to lay down any rule of treatment for those cases in which the cyst bursts and the contents pass into the abdominal cavity, because such are almost always rapidly fatal." Cazeau remarks: "When left to itself, an extra-uterine pregnancy will generally terminate in a rupture of the cyst. ..... This rupture, which is usually spontaneous, always gives rise to extremely grave phenomena." And under the head of treatment, he observes: "It is evident that no operation could be attempted in the earlier months of pregnancy, even if we should be fortunate enough to ascertain with certainty that the ovule was not developed in the uterus." Dr. Hodge says, "In some cases the ovum perishes early, and then the excitement and irritation diminish, and the embryo may remain encysted in its own membranes, not only for days or months, but many years." This author further states that "the second termination is the rupture of the sac, the death of the fœtus, and usually the death of the mother from hæmorrhage or inflammation." Again: "Of all terminations, where the embryo perishes early, and is encysted in its own membranes, is by far the most favourable; as the tumour is small, and very little irritation is produced." Further: "It has been suggested to adopt measures as early as possible to destroy the life of the fœtus in extra-uterine pregnancies, and thus to escape the accumulative dangers from rupture, hæmorrhage, or inflammation consequent upon its continued development;" adding, "the morality of this practice need not be defended, or it may be assumed that the child must sooner or later perish." And he records that in 1837 M. Bachetti of Pisa said that he had actually succeeded in destroying the life of the fœtus by electro-puncture, by inserting two needles into the sac and directing through them an electro-magnetic current.

I need not occupy more of your time by a further array of authorities to prove the dangers of these cases and the unsatisfactory treatment hitherto had recourse to.

Experience has demonstrated, amongst others, two most important facts: firstly, that in those cases in which the embryo perishes early little or no further danger or evils need be apprehended; and secondly, that where its development is thus arrested, especially when enclosed within its own membranes, no more favourable issue could be desired.

It will be generally admitted that where the liquor amnii is discharged, either spontaneously or artificially, at an early period of gestation, embryonic life is almost if not quite certain to be extinguished, and the growth of the involucra arrested, and thus all fear of over-distension and rupture of the sac will be avoided. It may also be fairly conceded that the puncture of cysts about the cavity of the pelvis by means of a hair trocar and cannula is rarely or never attended with serious results, especially if care be taken not to exhaust the sac by pressure upon the abdomen, thus avoiding the ingress of air. But it may be asked—Is the diagnosis of extra-uterine pregnancy always so certain that we dare venture to introduce a trocar into a growth the nature of which may be so questionable? Doubtless, the diagnosis of these cases is frequently most obscure—nay, impossible; still, assuming the enlargement to be due to one or more of those growths usually found within the pelvis—such as pelvic abscess, hæmatocele, cyst of the broad ligament, ovarian dropsy, fibro-cystic tumour, &c.,—so much light would thereby, in all probability, be thrown upon the nature of the case as to determine our diagnosis, prognosis, and rational treatment, and in some few cases even more—the puncture may be, and has been, the very means by which the disease has been relieved, and in some instances cured.

If, then, we consider the dangers of these progressive cases of extra-uterine pregnancy on the one hand, and the harmlessness of the means proposed and adopted for their arrest on the other, I think I am justified in assuming that, where an early diagnosis is made, the evacuation of the liquor amnii by the hair trocar will be found a safe, easy, and efficient means in lessening or altogether averting the dangers of these hitherto alarming and fatal cases. It may be said that I have somewhat too hastily brought this case before your notice, and that evils may yet arise which might prove that the practice adopted is not so valuable and worthy of imitation as has been assumed. I am most anxious to guard myself against any such imputation, as I am fully aware that nothing is more damaging to the cause of medicine than the publication of so-called successful cases before sufficient time has elapsed to test the efficacy of any plan, especially a new one, resting, as in this instance, upon one case only. Still if anyone will well and impartially consider and weigh the whole facts of this case previous to the improvement—aye more, the speedy and complete disappearance of all the symptoms subsequent to the operation, and the physical changes which have since occurred, I trust I shall be acquitted of anything like precipitancy in the matter, and that this case, at least, will be emphatically declared a complete success.

Grosvenor-street, March, 1867.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

HYDATID CYST CONFINED ENTIRELY TO THE ABDOMINAL WALL.

(Under the care of Mr. HOLMES.)

THIS case is given as an instance of an affection which is rare, especially in childhood—viz., a genuine hydatid tumour confined entirely to the abdominal wall, though close to the position of the liver. On the boy's first admission into the hospital, the diagnosis of a superficial hydatid was formed, and it was proposed to expose it by a free incision in order to enucleate it. This, however, was considered dangerous by some of those who saw it, and who believed that the cyst had

some communication through the abdominal wall with the interior of the body; and it was decided to evacuate the watery fluid and inject the cyst with iodine. But, on a second puncture, so little fluid escaped that this course was clearly impossible, and it was decided to recur to the previous plan when the tumour had refilled. Fortunately, the violence to which the interior of the cyst had been exposed in the tappings caused it to suppurate, and thus produced the extrusion of the hydatid, and the cure of the affection by a simple incision. The child is now quite well, and it is clear that the cyst was entirely superficial.

J. E—— was admitted on Dec. 5th. The boy had been an out-patient for about two months, with a fluctuating tumour in the abdomen. This rapidly increased in size for fourteen days before his admission, but gave no pain. It was punctured with a grooved needle, when a watery fluid escaped, containing a trace of albumen, but no parasites.

When admitted, there was a tumour about the size of a walnut on the right side of the linea semilunaris, considerably below the edge of the liver, which occupied its normal position.

Dec. 6th.—The tumour was punctured with a trocar, and but little fluid escaped. It was of a watery nature, and contained very little albumen. No hooklets could be found under the microscope. The quantity of chlorides was not determined.

17th.—Renewed puncture. Hardly any appreciable quantity of fluid escaped.

18th.—The tumour has greatly diminished in size, and there is hardly any sense of fluctuation.

21st.—He was discharged.

On the 9th of January he was again admitted, with the tumour enlarged to the size of an egg. It was distinctly fluctuating, and appeared to lie between the abdominal muscles and the skin. Just below its centre was a small point of reddened skin. The tumour was neither painful nor tender to the touch. Poultices were applied, and on the 17th it was opened, when an hydatid cyst escaped. The tumour then rapidly diminished in size, and the boy was discharged well on the 27th.

HOSPITAL OUT-PATIENT PRACTICE.

QUINSY.

WE present our readers this week with a brief report of the treatment adopted in cases of quinsy by physicians at several of the metropolitan hospitals.

WESTMINSTER HOSPITAL.

Dr. Anstie considers that the word "quinsy" is of somewhat uncertain application, and that it is probably used to express more than one complaint. Among the cases which present themselves in the out-patient department of Westminster Hospital he recognises two varieties of throat-inflammation that manifest the conditions which are perhaps included in the prevalent idea of quinsy,—namely, painful swelling and inflammation of the fauces, running a short course, without any tendency towards destructive ulceration, and not accompanied by any alarming constitutional depression.

The first variety is suppurative. The number of cases which he sees is small; probably not more than five or six in a year present themselves in the out-patients' room. There appears to be no epidemic character in the disease; the cases occur singly, and he has never heard of any general prevalence of the complaint in a given neighbourhood. It commences with pain and soreness of the throat (nearly always on one side only), which is increased in swallowing, and a slight degree of febrile action, which is not unfrequently preceded by a short shivering fit. On examining the fauces one sees a red blush, more purple towards the centre, covering one tonsil and about one-half of the soft palate of the same side; the mucous membrane is here shiny and moist, and as the case goes on a smooth bulging of the part occurs. The duration of the affection varies from about forty-eight hours (if the suppuration aborts), to four, five, or six days (if pus forms). If the part be distinctly œdematous on pressure, it may be generally assumed that the latter event has occurred.

Two remedies only are, in Dr. Anstie's experience, of real value. If the case be seen early—i. e., within forty-eight hours of the occurrence of decided pain, before the swelling has become definite in form, and more especially if there has been no shivering and the febrile action is but slight, the application of strong local astringents is almost certainly curative. The rough way of using this treatment is to order the patient to gargle every half hour with a solution of alum—twenty grains to the ounce. A more precise and effective use of the same astringent can be made by throwing such a solution, in the pulverised form, against the affected part. Another effective mode of local adstriction is the application of tincture of sesquichloride of iron on a sponge carried by a whalebone, which may be firmly pressed against the part. The other remedy besides local adstriction is the use, in suitable cases, of purgative medicine. If (and only in this case) there is reason to think the bowels are loaded, a brisk purge of any kind which does not produce exhausting serous exhalation will frequently give great and speedy relief.

If the disease has plainly gone on to the formation of pus, the above remedies are useless, and will only worry the patient. Our attention should then be directed, Dr. Anstie believes, to soothe pain, and to keep the swelling within bounds, while we also support the patient's strength. Hot fomentations and poultices should be applied around the throat, the patient should gently inhale the steam of boiling water, and he should be given strong beef-tea and small quantities of wine or brandy every four hours. In nine cases out of ten the pus may be left to find a natural opening, and only the occurrence of serious mechanical dyspnœa, or the appearance of a tendency to spreading of the suppuration, should induce us to use the lancet.

The other form of throat inflammation which Dr. Anstie supposes comes under the notion of "quinsy" is markedly different from that just described. Such cases come to the hospital in groups. There is commonly a less decided initial pyrexia in them than in the other form, and almost never a rigor; but there is often a considerable amount of constitutional depression, and the patient looks haggard, pale, and miserable. On looking into the fauces the swelling is seen to be bilateral and symmetrical, or nearly so; there is no bright red congestion, but sometimes a dusky lividity: not unfrequently, however, the colour of the mucous membrane is unchanged. The tonsils are usually speckled with greyish white patches, which on close examination are not like aphthæ, but can be made out to consist of soft concretions occupying the follicles. In a considerable proportion of cases the tongue, or the inside of the lips and cheeks, presents scattered ulcers like those seen in the common ulcerative stomatitis of children, so frequently observed in the out-patient rooms of hospitals. The tongue, which in suppurative quinsy is generally coated with a dense blanket-like fur, is in this complaint also somewhat coated, but is more wet and shiny (sometimes strikingly so), and has nearly always a red or strawberry tip. There is generally little or no spontaneous pain, though swallowing is painful. The glands beneath the jaw are usually swollen, though not to any great extent.

Dr. Anstie has much reason to suppose that this form of quinsy is favoured, if not produced, by insanitary conditions in dwelling houses. While suppurative quinsy occurs in solitary instances, and can often be traced to exposure to cold, the stomatitic form, if it may be so called, appears to run in groups, and two or three cases are often known to occur at once, or successively, in badly drained and ventilated houses. It is worth noting that the common ulcerative stomatitis of children, which is so obviously allied to this complaint, is certainly much favoured by similar local conditions. Dr. Anstie has seen no sufficient evidence to make him think that the stomatitic form of quinsy is contagious or infectious. Its treatment is simple. Chlorate of potash, in ten, fifteen, or twenty grain doses, with or without small quantities of dilute hydrochloric acid, every four hours, will nearly always effect a rapid cure—another suggestion of the connexion between this complaint and the ulcerative stomatitis of children, for which this remedy is also quite "specific," if such a word may be used at all. No local treatment has been necessary in the great majority of cases which have been seen by Dr. Anstie; but where there is much fetor of the breath, a gargle of permanganate of potash will correct this, and will also tend to prevent spreading ulceration, towards which the bad cases sometimes tend.

UNIVERSITY COLLEGE HOSPITAL.

Dr. Wilson Fox treats ordinary cases of tonsillitis which present themselves within the first forty-eight hours of the invasion of the disease with a brisk mercurial cathartic, followed by a saline aperient draught. In cases which have even run a course of three or four days, the same plan is found by

him to be beneficial, if the bowels have not been previously acted upon. Even in the early stages, unless the use of gargles gives much pain, he employs the following formula for this purpose:—Chlorate of potash, three drachms; nitrate of potash, half an ounce; glycerine, half an ounce; water, eight ounces. When seen early, this course is, in his experience, almost invariably sufficient to cut short the disease in a few days' time; and he scarcely recollects an instance where it has been adopted in which abscess has ensued. In cases of very severe swelling, he has occasionally found scarifications useful; but he regards these as quite exceptional. If ulceration supervenes, either upon the tonsils or on the fauces, the solution of nitrate of silver, of the strength of fifteen grains to the ounce, is, in his opinion, the best remedy; and it may be advantageously applied to the tonsils, when suppuration is not present, in cases where the swelling lasts longer than five or six days. Dr. Fox strongly deprecates the use of the solid nitrate of silver in the early stages of the disease.

ST. THOMAS'S HOSPITAL.

In treating cases of acute quinsy among the out-patients, Dr. Clapton generally prescribes a dose of castor oil or of calomel and rhubarb to be taken immediately, five or ten grains of Dover's powder at bed-time, and a mixture of citrate of potash, spirit of nitrous ether, and syrup of poppies every four hours; frequent inhalation of the vapour of hot water, and the application of linseed meal and mustard poultices. In case of considerable extension of the disease to the pharynx, tongue, and other neighbouring parts, with much superficial soreness, occurring as it commonly does in patients who are very feeble or strumous, a mixture of chlorate of potash, hydrochloric acid, and decoction of bark is preferred, and a little hot wine and water recommended to be taken frequently. Stimulating gargles have generally been found by him to be far more hurtful than useful in the early stage, as causing great increase of irritation and much needless pain. Washing out the mouth and gently gargling with glycerine and warm milk and water, however, will be found to give great relief.

Suppuration is found to occur in about half the cases, but incisions are very rarely deemed necessary. When a patient has been the subject of repeated attacks of acute quinsy ending in suppuration, the plan of applying a liniment of thin extract of belladonna just below and behind the ramus of the jaw has been found a most excellent one, rapidly relieving the pain and intense irritation, and in some instances cutting short the progress of the disease almost at once; but, for obvious reasons, this plan cannot be commonly adopted amongst out-patients. As soon as the acute symptoms have subsided, either by resolution or by the formation and discharge of pus, tonics, as quinine or the tincture of perchloride of iron, acid astringent gargles, and as nutritious a diet as can be procured, are ordered, as the majority of patients of this class are compelled to expose themselves to fresh sources of cold as soon as convalescent, and thus a relapse of the inflammation (mostly on the opposite side of the throat) may generally be expected.

ST. MARY'S HOSPITAL.

The treatment Dr. Broadbent has found most useful in quinsy is as follows:—Demulcent gargles, such as weak linseed-tea or decoction of althea, used warm at short intervals, and inhalation of steam; the addition of hyoscyamus to the gargles has seemed to be useful. Poultices round the throat, or, in the early stage, a cold-water bandage or spirit-lotion. When suppuration has taken place or the acute stage is passed, an astringent gargle—e.g., the compound solution of alum in infusion of roses—is substituted for the mucilaginous applications. If there is great œdema about the soft palate, the parts are scarified, unless the jaw is closed so as to prevent access; and where necessary, abscesses in the tonsils are opened. A saline purge is given if the bowels are confined, and in most cases from twenty to twenty-five minims of compound spirit of ammonia in compound infusion of gentian or other bitter infusion.

In incipient sorethroat, of whatever kind, Dr. Broadbent has for some time given small fragments of guaiacum resin—a piece to be kept in the mouth till dissolved three or four times a day. The good effects have been very evident, more particularly in superficial inflammation of the mucous membrane; but tonsillitis has apparently been arrested, and in patients subject to quinsy attacks have been averted.

CHARING-CROSS HOSPITAL.

Cases of quinsy are frequent among the out-patients of this hospital. The disorder in its typical form of simple acute tonsillitis is here met with mostly in young women of delicate habit. During the continuance of fever and swelling, Dr. Headland prescribes half-drachm doses of antimonial wine with a magnesian purge thrice daily. The patient is restricted to liquid or very soft food. A linseed-meal poultice is kept round the throat by night, and several rolls of warm flannel replace it by day. When suppuration is approaching, Dr. Headland thinks it seldom advisable to interfere with the lancet. In most cases the abscesses discharge best if left to themselves. Only in those rare cases where suffocation is threatened is it necessary to resort to free incisions of both tonsils.

During convalescence, quinine is given, a supporting regimen is ordered, with a somewhat free allowance of stimulants.

In chronic enlargement of the tonsils without fever, Dr. Headland gives various tonics, but chiefly relies on cod-liver oil, with which may be combined iodide of iron dissolved in the oil in the proportion of one grain in one drachm. The dose will then be one drachm for an infant, two drachms for a child of ten or twelve years, and four drachms for an adult. Among local remedies, the alum gargle is preferred; but in obstinate cases, touching with solid nitrate of silver is resorted to.

In swelling of the tonsils, coryza, and sorethroat, the symptoms of a common "cold" resulting from exposure, Dr. Headland gives chlorate of potash, ten grains, with nitrous ether, half a drachm to a drachm, at a dose. The peculiar power of this salt over affections of the mouth and throat is attributed by him to the fact that after absorption it is excreted from the blood by the salivary and buccal glands, and so exerts a more or less permanent antiphlogistic action on the part.

HOLLOWAY AND NORTH ISLINGTON DISPENSARY.

Dr. Glover remarks that quinsy commonly so-called is not very frequent in their out-door practice. There is little to be done but to keep the patient warm and use warm applications to the throat. He has little faith in the prevention of suppuration, in patients with this tendency, by guaiacum or any other medicine. A much more common form of tonsillitis is that in which there is very little or no tendency to suppuration, but in which one or both tonsils—commonly both, though one more than the other — are studded with white spots. It is very surprising that this form of disease should be so frequent in practice and so little described in books. A good name for it is *follicular tonsillitis*. The constitutional affection is more of the nature of malaise, and less acutely febrile than in common quinsy. The local pain is less, too, and the patient does not always direct attention to his throat. Sometimes it affects more than one member of the same family. It very rarely happens that these white spots become continuous and assume the appearance of a diphtheric patch, though Dr. Glover has seen this. The follicular tonsillitis is very amenable to treatment, so much so that it would seem to have a strong tendency to get well. Yet it seems greatly helped by a warm-water gargle and a dose of chlorate of potash, with or without a few drops of tincture of iron, every four hours, and a diet of beef-tea, &c. The iron is very generally beneficial sooner or later, as some anæmia seems to be caused by the disease. It is the more necessary if there should be any tendency in the spots to coalesce.

Dr. Glover refers to cases in which the follicles of the tonsil are quite distended with sebaceous secretion, having an offensive odour, which may be extruded in the form of a pea with the blunt end of a probe, to the great relief of the patient.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MARCH 12TH, 1867.

MR. SAMUEL SOLLY, F.R.S., PRESIDENT.

On reading the minutes of the annual general meeting, Mr. Charles Hawkins objected that an ordinary meeting had no power to confirm the minutes of a special one. Mr. Pollock also adopted this view. The chairman stated that as there was no express law on this subject he must be guided by pre-

cedent, and the minutes of the annual meeting stood signed by the chairman of the ordinary meeting next following since 1861. Mr. Moore held that the minutes required signature for certainty in case of future reference, whilst Mr. French suggested that they might do without any signature. Dr. Pitman said that the President might not be present at the annual meeting, and might be therefore ignorant of what had taken place there. Ultimately it was put to the vote whether the President should sign these minutes or not, when the motion was carried by a large majority.

ON A CASE OF INTERNAL STRANGULATION OF THE BOWEL BY A BAND, ASSOCIATED WITH A REDUCIBLE HERNIA, SUCCESSFULLY TREATED BY OPERATION: WITH REMARKS.

BY THOMAS BRYANT, F.R.C.S.,
ASSISTANT-SURGEON TO GUY'S HOSPITAL.

THE case was one to which the author was called on Dec. 31st, 1866, by Dr. Wilkinson, of Sydenham. It was that of a gentleman, aged fifty-one, who had been ill for several days with symptoms of intestinal obstruction. The patient had been the subject of an inguinal hernia on the *right* side for twenty-five years, for which he had worn a truss; during that period the bowel had come down on several occasions, but it had only given pain on one—some six months previously. On the morning of Dec. 28th, during the exertion of dragging up a tree, the hernia partially descended, but it was at once readily returned on the application of the hand; vomiting, however, soon appeared, and pain situated on the *right* side of the umbilicus. These symptoms continuing on the 29th and 30th, and increasing in severity, Dr. Wilkinson was sent for. A careful examination was then made, but no hernia was found; there was a large opening into the abdomen, but no swelling nor pain even on deep pressure being made. On Dec. 31st (the third day) the symptoms becoming more severe, vomiting being fæcal, Dr. Wilkinson, who saw the necessity for an operation, called in the assistance of the author. The seat of the hernia was then examined, but no indications of anything wrong in these parts could be made out, yet marked symptoms of intestinal strangulation existed: pain in the abdomen was very severe; it was situated to the right of the umbilicus, and paroxysmal. Under those circumstances an exploratory operation in the region of the hernia was proposed, and power given by the patient to do whatever might be deemed the best. Chloroform was given, and the ring of the direct inguinal hernia exposed; no signs, however, of any strangulation of the bowel by the parts concerned in the hernia could be made out. A piece of omentum existed in the hernia sac, but no bowel. The finger could also be readily passed into the abdomen, and the neck of the sac was perfectly free. The bowel which came into view was, however, clearly strangulated, for it was of a bright cherry colour, and œdematous. Under these circumstances the ring was enlarged upwards and the strangulated bowel drawn down; the finger of the author's right hand was then passed along the bowel, used as a guide, upwards into the abdomen towards the point of fixed pain. When it had been passed as far as it could go, and as much traction had been put upon the bowel as was deemed justifiable, a tight band was clearly felt. The abdominal incision was then enlarged, and the band, which was made tense by the finger, was carefully divided by a pair of scissors passed into the belly, its points being well pressed into the pulpy portion of the finger till the band was reached. The wound was then closed. On the third day the bowels acted naturally, and a rapid convalescence followed.

The author then made some few remarks upon the case, stating that it must be looked upon as one of internal strangulation of the bowel by a band, and that the hernia had nothing whatever to do with the symptoms. He then passed on to consider the points in the case with reference to the diagnosis, and related the particulars of a similar case which took place in his practice six years previously, in which such an operation as he had performed was proposed but abandoned, and the patient died unrelieved.

An analogy between the successful and fatal cases was then drawn, and the special practical points dwelt upon, the author concluding by stating that he was disposed to believe that in many cases of intestinal obstruction, when the symptoms are marked, and pain fixed and paroxysmal, whether with or without a hernia, relief might often be afforded by an operation where they are now left to die; and he expressed a hope that the cases he had brought before the notice of the Society would do something towards the attainment of that end.

Mr. J. WOOD could not exactly understand Mr. Bryant when speaking of the abdominal ring in a case of direct inguinal hernia, and he would also like to know the extent and direction of the incision made by Mr. Bryant. He had seen four or five such cases, and had operated on two himself, but none of them had turned out favourably. In one of his cases there was a hernia, in the other there was not, and he had opened the abdomen in the linea alba, which he thought was preferable when the operation bore no relation to a hernia. In his last case the constricting band was easily found towards the end of the mesentery, divided, and the wound secured; half an hour after there was a copious motion of the bowels, but the patient only lived twenty-four hours, death resulting from peritonitis. If performed early enough, good results might be anticipated from the operation.

Mr. BRYANT explained that by the ring he meant the opening into the abdomen, and that his incision extended upwards for two inches.

Mr. POWER said that surgeons did not operate more frequently in such cases because they feared to find intussusception. An old woman was admitted as a patient into Westminster Hospital; she had felt something give way in her abdomen, and she presented a swelling in her groin, which, however, turned out to be an inflamed gland. She had stercoraceous vomiting, lasting six days, and all the other symptoms of hernia; all, however, disappeared with the passing of a sloughed piece of bowel, and she finally recovered. Exploratory operations in such cases as that just mentioned were injudicious.

Mr. MOORE remembered a case which had occurred many years ago: the patient had a hernia, which was reduced, yet he did not improve, but died. On examination, a band was found close behind the ring, which had strangulated the bowel previous to entering the sac, so that the sac had been filled with strangulated gut. The nature of the band was of importance, as a piece of bowel might by pressure ultimately assume the aspect of a fibrous band. In one case where an aperture existed in the mesentery, a portion of the ileum had assumed such an appearance at the spot where pressure had been longest exerted.

Mr. MAUNDER congratulated Mr. Bryant on the successful issue of his case, and stated that some three years ago one somewhat similar had occurred at the London Hospital. The patient was seen on the eighth day, and then had an inguinal hernia on the left side and a swelling in the right groin, but it was evident that neither of these had anything to do with the symptoms. An accumulation of fæces in the rectum was removed, and an opium suppository given. In the morning Mr. Luke considered an exploratory operation justifiable, which was accordingly performed. Dark-coloured serum escaped from the peritoneum, and the constricting band was found in the right iliac region. It was divided, but the man died in seven hours. Around the band a kind of volvulus had formed. Exploratory operations were, he thought, to be guided by the site of the pain.

Mr. CALLENDER thought that it should be borne in mind that all cases *cannot* be successful. At St. Bartholomew's he had seen many of these; one was a very bad case, where the ordinary operation for strangulated hernia had been performed without giving relief. After death it was found that there was a hole in the omentum, through which the bowel passed, and by which it was strangulated. In the case of a woman suffering from femoral hernia, it was found after death that the bad symptoms were produced by a portion of the jejunum passing through an orifice in the mesentery so far up as to be out of reach. In a case which occurred in the practice of Mr. Lawrence, when the hernial sac was opened only omentum was found. After death it was seen that a portion of this extended from the stomach to the sac, and that the bowels had become twisted round the cord or column thus formed. A still more complex state of matters was revealed on the post-mortem examination of another man; here, as before, there was a column of omentum round which the bowel twisted, but in this case both bowel and omentum appeared to be strangulated. As to cutting the epigastric artery, he thought that of small importance, as it could readily be secured.

The PRESIDENT thought surgeons were too chary in operating in such cases, for ovariotomy had taught them that the parts could be interfered with at no great risk. In one case where strangulation had been produced by jumping out of a window, a band had been found pressing on the small intestine. He regretted not having operated.

Mr. BRYANT, in reply, stated that the bands usually extended towards the promontory of the sacrum, and the pain was

usually on one side only. He would like to know more about these bands. When seen during life they looked very different from what they appeared after death. Most of the cases brought up against him were too far gone before operation, and the surgeon should recollect that, at all events, the patient cannot be in worse plight after the operation than before. The great rules as to diagnosis he considered to be the sudden, acute, and paroxysmal nature of the symptoms, and the pain being limited to one spot.

Reviews and Notices of Books.

On Joint-Diseases; their Pathology, Diagnosis, and Treatment; including the Nature and Treatment of Deformities and Curvatures of the Spine. By HOLMES COOTE, F.R.C.S., Surgeon to St. Bartholomew's Hospital, &c. London: Robert Hardwicke. 1867.

THIS book professes to be, as indeed to a great extent it is, the recorded opinions and experiences of a surgeon to a large London hospital, where, for many reasons, great facilities are afforded for the study of joint-diseases. The author has, we think wisely, adopted a somewhat vague title, which in no way pledges him to be exhaustive, either in the simple enumeration of diseases, or of the various modes of treatment proper for their cure. Indeed, an octavo volume of less than three hundred pages, in good bold type, which ranges over nearly the whole pathology and surgery of joint-disease, treats largely of "orthopædic surgery" and of the nature and treatment of deformities and curvatures of the spine, and yet can afford to give a whole chapter on "the treatment of contracted toes and corns"—such a volume, we say, must of necessity be somewhat sketchy and imperfect. Bearing this in mind, we have no desire to be hypercritical; and in noticing a few defects, we are anxious in no way to detract from the general goodness of the book.

In the first place, we think that the author has gone somewhat out of his way to make an absurd division of joint-diseases when he classes them under the two heads, Synovitis, and Inflammation of the Joints. How a case of acute synovitis, frequently involving, as is afterwards shown, the entire destruction of the joint, can be anything else than "inflammation of the joint" we are at a loss to understand; and, on the other hand, it is quite possible to have "inflammation, acute and chronic, of the cancellous tissue of the head of the bone," whilst the actual apparatus of the joint remains intact.

The chapter on General Pathology hardly bears out the author's statement at the end of the previous chapter, that he has endeavoured to limit himself as far as possible to his own opinions, rather than give a general *résumé* of those of others. The experiments of Richet, the practical experience of Brodie and Bryant, and the observations of Volkman (quoted from the Year-Book of Surgery, 1861, p. 273), concluding with the author's colleague Mr. Callender's opinions on pyæmia, pretty well make up this portion of the book. We cannot but feel that here, so observant a surgeon as Mr. Holmes Coote, with such a field before him for the study of the *interior* of diseased joints as St. Bartholomew's Hospital affords, has lost an opportunity of giving fresh information on this important subject.

Chapters III. and IV. contain much that is interesting and structive, although we are surprised to find that the dangerous operation of laying open a knee-joint to remove a loose cartilage was still practised at St. Bartholomew's as late as the year 1865. We have seen cartilages of all sizes removed by the subcutaneous plan advocated by Mr. Square, of Plymouth, without bad results in any case that we can remember; and our conviction is strongly against the old proceeding of opening the joint as described by Mr. Holmes Coote.

Chapter V. will be found a most useful one, as it contains many practical hints on the making of splints &c., which it is to be feared are only too necessary. One little point is worth remembering: that a gutta-percha splint enveloping a limb, be it moulded ever so well, is perfectly intolerable to the generality of patients, unless it be well punched with holes to allow of free ventilation.

In the chapters on the diseases of the joints of the upper and lower extremities much valuable information is found. The remarks on the diagnosis of hip-joint disease are good. The notion that shortening of the limb arises, in most cases, from dislocation on the dorsum ilii is combated, and a very good rule laid down by which one may be pretty sure that the head of the bone is in the socket—viz., when the anterior superior spinous process of the ilium, the upper margin of the trochanter major, and the tuberosity of the ischium are touched by a straight line drawn from one to the other. We regret that our author has not given us his own opinion instead of Dr. Hodge's on the important operation of excision of the head of the femur, and that he has taken no notice whatever of the still more important proceeding—amputation at the hip-joint, which has lately been had recourse to when all other chances of saving life had been abandoned.

The same regret we must express, too, with regard to his remarks on excision of the knee-joint, which seems to be Mr. Holmes Coote's *bête noir*. The case quoted at p. 139 is hardly a fortunate one for the author. The limb was only an inch and a half shorter than its fellow, the epiphysis had been left, there was union, partly osseous and partly fibrous, between the femur and tibia: all strong arguments against amputation. "Could any result have been less satisfactory?" asks the author. We emphatically answer, No! In 1862 another surgeon (of St. Bartholomew's Hospital, we suppose) amputated an excision limb; but, as it belonged to "an infant"—age not stated,—and as no description is given of the parts, we are unable to form any opinion as to the merits of the case. We have no desire to unduly extol the operation of excision of the knee-joint, and are well aware that in times past it has been not unfrequently rashly performed; but the period has now arrived to cast away old prejudices as well as to avoid rash errors. And we are sorry that in this new work "On Joint-Diseases" more space is not given to the calm and dispassionate discussion of the many points connected with excision of the larger joints.

The chapter on the spinal column, whilst it contains little that is new, is a fair condensation of the pathology and treatment of the various distortions met with in this portion of the human frame. The same may be said of the chapter on talipes.

The remarks on the treatment of cicatrices after burns are very meagre, and as under any circumstances we think they hardly find a place in such a work, it would have been better had they been altogether omitted.

With the few exceptions we have taken above, we can heartily recommend this book to the profession as embracing in a small compass much valuable information on a class of diseases most frequent of occurrence, and as yet not so well understood as they might be.

OUR LIBRARY TABLE.

Matter: its Ministry to Life in Health and Disease; and Earth, as the natural Link between Organic and Inorganic Matter. By THOS. HAWKSLEY, M.D., &c. pp. 72. London: John Churchill and Sons. 1867.—The author is known to be an advocate for the introduction of the system of "earth-closets," and this pamphlet is devoted to the cause. The positions sought to be established in the essay are: that the refuse organic matter now wasted in the metropolis is of great value when properly made use of; that the present mode of dealing with it not only fails to utilise it, but causes it to become a source of evil, polluting the air we breathe and the water we drink, and thus engendering much disease; that the existing mode of sewerage is essentially an error, and incapable

of improvement; and lastly, that the employment of dry earth for absorbing, deodorising, and utilising refuse organic matter affords a complete, salutary, and highly profitable method of accomplishing all the objects of a sewerage system. The title is high-flown: why not Earth-closets?

The Characteristics of Criticism in the "Westminster Review." By LUKE OWEN PIKE, M.A. Being a letter to the *Anthropological Review*. (Reprinted from the January number.)—Mr. Pike takes the critic who reviewed his work on the "English and their Origin" to task in as smart a style as can well be imagined, and brings home to him in a most uncomfortable way his want of observance of the Ninth Commandment.

On Collegiate Education in relation to the Intercommunity of the Sciences. The Opening Address delivered at the Queen's College, Birmingham, Session 1866–67. By D. NELSON, M.D. pp. 32. Simpkin, Marshall, and Co.—A discourse devoted to the discussion of the fixed tendency of the present age to recognise the co-ordination of all branches of knowledge, the connexion and interweaving of each and all of them, and their blending into one cosmic philosophy an emanation of the will and wisdom of one God.

The Modern Treatment of Pneumonia in young Children. By G. STEVENSON SMITH, L.R.C.S.E., &c.—A reprint from the *Edinburgh Medical Journal*, Nov. 1866.

Sphygmographic Observations on the Pulse of Typhus. By T. W. GRIMSHAW, A.B., M.B., C.M. (Dub.) pp. 12. Dublin: Falconer.—The analysis of an extensive series of observations on the typhus pulse conducted in the Cork-street Hospital; showing a state of very low tension in the arteries, and that the instrument gives a more accurate perception of the condition of the heart than does the finger.

An Inquiry into the Truth of the Opinions generally entertained regarding Malaria. By W. J. MOORE, Surg. Marwar Political Agency.—The cause of intermittent fever is here argued to be probably organic matter consumed with impure water, rather than an invariable poison in the air.

Science Lectures for the People. Delivered in the Carpenters' Hall, Brook-street, Manchester. pp. 203. London: Simpkin, Marshall, and Co.—A verbatim report of a series of lectures delivered to the working men of Manchester—on Elementary Chemistry by Professor Roscoe, on Elementary Zoology by Dr. Alcock, on Coal by Professor Jevons, and on Elementary Physiology by Dr. T. E. Morgan.

Tapeworms and Threadworms (Human Entozoa); their Sources, Nature, and Treatment. By T. SPENCER COBBOLD, M.D., F.R.S., F.L.S. Second Edition. pp. 101. London: Longmans and Co. 1867.—We are not surprised at the appearance of a second edition of Dr. Cobbold's little work on Human Entozoa, containing as it does just the very knowledge which everyone in practice ought to have at his fingers' ends, and plates that at once enable a man to settle dubious points in diagnosis. In the chapter on Trichina Spiralis, Dr. Cobbold has stated that the original discovery of the entozoon as a veritable fleshworm is undoubtedly due to Mr. Paget, F.R.S. This is an act of justice gracefully performed by the author. The work ought to be in the hands of everyone who has the least chance of treating patients infested with entozoa.

New editions of *Debrett's Illustrated Peerage, Baronetage, Knightage, and House of Commons*, are out. There are many alterations and additions of interest to the medical profession.

Classification of the Functions of the Human Body, and the Principles upon which it rests. By A. BUCHANAN, M.D. pp. 24. London: Churchill and Sons.—The physiological doctrine taught is this: that there are at least two forces in operation to produce the ever-varying structures that present themselves at every point of an organic system; there must be some force everywhere to control the affinities of the organic molecules; and the author argues that this force may be "the mind diffused over the whole organism in combination with its plastic elements, of which it everywhere modifies the molecular attraction in conformity with the laws of its own development."

ACUPRESSURE.

To the Editor of THE LANCET.

SIR,—My attention has just been directed to an article in THE LANCET of the 23rd February, entitled "Notes on Acupressure," by Sir James Y. Simpson, Bart., of Edinburgh. In that paper my name has been very unnecessarily and unprofessionally introduced; and a case which came under my superintendence in the hospital is brought forward in support of acupressure, and conclusions are drawn, which I disown. The case is so unfaithfully rendered that, but for the name with which it is associated, I should never have recognised it as my own. Even my position in the hospital is misrepresented. I shall simply state the facts, and leave your readers to draw their own conclusions.

About two years ago I amputated a thigh in the hospital for disease of the knee. The posterior flap was not quite healthy, having on it two or three ulcers, one of them sinuous. The arteries were secured by ligatures, the last of which came away on the fourteenth day. Early on the morning of the twenty-eighth day, when the stump was all but healed, and when every difficulty and every danger might have been supposed to have been surmounted, hæmorrhage took place, the blood appearing to come from the posterior flap, and seemingly in connexion with one of the old ulcers which had not healed up. The house-surgeon, very properly, elevated the stump, and applied cold. This, however, did not succeed in arresting the bleeding, and manual pressure was applied to the artery as it passes over the pubes. I was sent for, and reached the hospital between seven and eight o'clock. As the patient had lost a large quantity of blood before the accident was discovered, and the case appeared of serious import, I requested a consultation, but none of my colleagues were forthcoming except Dr. Fiddes, whom the messenger had accidentally met. Dr. Fiddes suggested acupressure, and, willing to give it a fair trial, I introduced the needle a little below Poupart's ligament, but it did *not* command the bleeding. Manual pressure was again resorted to, and maintained for five hours. After this the bleeding did not return, being arrested no doubt by the clot of blood, which had formed, lying over and pressing on the bleeding vessel; and this clot the circulation, enfeebled by loss of blood, had been unable to disturb. The needle, however, *as suggested*, was allowed to remain for several days; but as it had produced a very swollen and œdematous condition of the stump in consequence of its unavoidable pressure on the vein, it was then removed. In this case your readers will not fail to see that the needle was not *triumphant*.

In his notes Sir James has brought forward another case, to which I lay no claim, never having seen it; I presume it is a case which occurred in our hospital three weeks ago; but I was unfortunately prevented from being present by a professional engagement. The patient had both his thighs amputated for a *crushing* railway accident which had just occurred at one of our stations. This also is given as another case of successful acupressure; but both Sir James and his correspondent have forgotten to mention the triumphant issue; I therefore beg to add that the poor man died three hours after the operation.

My mind, I hope, is open to conviction and the reception of truth, but I confess I am not yet converted to acupressure; and I "frankly and ingenuously" acknowledge that, although I have not yet attained to the years of my esteemed colleague, I do hope I am old enough—*too old I trust*—to give up the ligature for a mode of practice which has nothing to recommend it but its novelty.

I am, Sir, your obedient servant,

DAVID KERR, M.D.,
Surgeon, Royal Infirmary, Aberdeen.

March 2nd, 1867.

ROYAL COLLEGE OF SURGEONS.—Professor Huxley, F.R.S., will deliver the last of his course of twenty-four lectures on the Osteology and Dentition of the Sauropsida this day (Saturday). Professor Hancock will deliver a course of six lectures on the Anatomy and Surgery of the Foot, in continuation of his course of last year.

THE LANCET.

LONDON: SATURDAY, MARCH 30, 1867.

IN the great parliamentary conflict which now rivets the attention of the country, we trust that some important questions of social rather than of political interest may not be altogether thrown aside. In the QUEEN'S speech, the mercantile marine was promised such an amendment of the Shipping Act as might alleviate or remove well-known existing evils, and render our seamen a healthier and more contented and efficient class of subjects. It would be cause for regret if, while the Constitution was undergoing protracted throes in the labour of self-regeneration, the work itself for which legislatures chiefly exist should be suspended, and the reform of the Shipping Act should be consigned to the limbo in which so many well-intended schemes of Government and individual senators are annually extinguished before the Ministerial white-bait can be eaten in peace.

We are somewhat reassured, however, that, despite any change from parent to sponsor that may possibly occur, the infant measure is not likely to be altogether dropped. A valuable series of parliamentary papers is on the eve of appearance, which will place in a striking light the grievances under which our seamen now suffer in regard to diet for the healthy and the sick, antiscorbutics, and accommodation. On these four points there is much room for improvement in the majority of English ships; and the remedy lies clearly and legitimately in the hands of Parliament. The papers we refer to will necessarily be the text-book for legislative action, giving a large mass of valuable and (rare thing in a Blue-book) very interesting information. They contain not only the reports of the Government inspectors on individual vessels, but a correspondence with consuls and other well-informed persons on the condition of foreign merchant navies, and opinions and suggestions from men of experience and authority in this and other countries, whom the Board of Trade has invited to co-operate in the elucidation of the question. The more important facts and results are familiar to our readers, having already appeared in our Reports, and the main features of the remedial procedure likely to prove successful have also been distinctly marked out in THE LANCET of Dec. 29th, 1866, and of January and February, 1867.

We may refer here to a former parliamentary paper (No. 404) published in June, 1865, in which some of the earlier reports of Dr. DICKSON and Mr. COLEMAN, Mr. LEACH'S tables of scurvy cases in the *Dreadnought*, and an interesting correspondence of the Board of Trade with the Seamen's Hospital Society and the local marine boards are included, and which served as a prelude to the present more extended documents. The obstructive tendency of the local boards was then very evident, but it is hoped may have subsided in the presence of such a damaging mass of facts as has been arrayed against them. With the notable exceptions of London and Hull, the chief ports of the kingdom declared their aversion to any active steps being taken for the prevention of scorbutic disease. From Liverpool, Dec. 1864, the report of the local board states that "in their opinion the appointment of a medical inspector is unnecessary; that in no case that has come under their investigation would the interference of such an officer have tended in the least to have mitigated the disease; and, independently of unnecessary expense, would tend injuriously to interfere with the business of this port." From Sunderland, another port notorious for scurvy-stricken ships, the local board writes (Dec. 17th, 1864) that "they are unable to conceive the existence of circumstances which would (except in extreme cases) justify the inspection of stores by a medical officer after being put on board. It would be sure to create dissatisfaction, and might expose the superintendent to the suspicion of being actuated by personal antipathies. If, on the other hand, the inspection were general, the inconvenience would become so great that it would be all but impracticable. ..... It might, however, give increased public confidence if licences were granted to those who furnish the supplies on condition that their stocks should be open to the inspection of the medical officer."

It is lawful at times to take counsel of adversaries, and this last suggestion of the Sunderland Board has the advantage of simplicity. It has, we understand, been adopted and amplified by Mr. MAYO, the Registrar-General of Seamen, who has devoted much attention to the subject; and it forms one of the plans for securing the purity of antiscorbutics submitted for consideration in the forthcoming papers. When, without breach of privilege, we can refer to them more at length, the merits and feasibility of these various propositions will be discussed.

Another point of easier practical attainment by Government inspection—seeing that the machinery is already in existence—is, better accommodation for the men, more especially in vessels where the crew are berthed between-decks. Mr. GRAY, assistant-secretary to the Board of Trade, has published some excellent observations on this subject, to which he has long paid great attention in connexion with the admeasurement of tonnage. As an inducement to shipowners to improve the lodging of their seamen, he proposes that crew space be exempted from tonnage dues and kept clear of all stores, surveyors being empowered, on occasion, to survey and report. In addition to this, we trust that in all forecastles between-decks a considerably larger cubic space will be made imperative than is now required by law or is in general usage; for it so happens that in this matter custom is more liberal, from sheer necessity, than the law. But to this and kindred matters we shall advert on a future occasion.

We hope ere long to see the extension of the Contagious Diseases Act to the commercial ports. This measure we were the first to advocate as all-important for the wellbeing of the mercantile marine. It is not difficult of execution, and the benefit that would arise is beyond calculation.

SANITARY REFORM is a field of illimitable extent. Its area is perpetually enlarging. So far from the removal of one class of abuses tending to diminish it, the clearance simply widens the horizon, and brings out into bolder relief other abuses beyond. When, in 1862, a Commission was appointed to inquire into the employment of children and young persons in trades and

manufactures not already regulated by law, it was thought that nearly every abuse of child labour would be included in its survey. Very far from it. The country was found to be well-nigh as destructive of the physical and moral nature of children as the town. In some of the eastern counties especially, in Lincolnshire, Huntingdonshire, Cambridgeshire, Norfolk, Suffolk, and Nottinghamshire, a system of organised labour was prevalent which levied a fearful tax on the health of the population. The improved cultivation of those counties called into play additional manual labour. The reclamation of comparatively waste lands to productiveness rendered such tasks as weeding corn, picking twitch, singling turnips, setting potatoes, picking stones, spreading manure, topping and tailing mangolds and turnips, of much more frequent necessity. But while the demand for labourers of this kind increased, there was no corresponding addition to the accommodation at the scene of their work. The law of settlement virtually prevented the landlord from building the requisite number of cottages on the farms where they were employed. In his anxiety to get rid of poor's rates altogether the landlord was more apt to pull cottages down than to build them up. The first evil that arose from this state of things was a fearfully excessive overcrowding of the accommodation already available. "The cottage homes of England" assumed in the pages of Commissioners' Reports a very different aspect from their ideal one in the lyrics of Mrs. HEMANS. For the last twenty or thirty years this process of demolition and overcrowding had been going on to such an extent that in 821 separate parishes or townships in England they were receiving in 1861, as compared with 1851, a population five and a half per cent. greater into house room four and a half per cent. less. Adult persons of both sexes, married and unmarried, were huddled together in single small bedchambers, till not only contagious diseases became terribly prevalent, but decency was outraged, and illegitimacy followed to a frightful extent. With all this we are already familiar in the graphic pages of Dr. HUNTER'S Reports. But this is far from being the only evil side of the picture. Little children, and boys and girls barely beyond puberty, had to leave these fetid abodes every morning at an early hour, and trudge away to their work—a distance of four, five, six, sometimes seven or eight miles. Marshaled in a gang by a master who undertakes to bring them to any farm where their services may be needed, and who receives a certain per-centage on the number of hands he finds, children little more than infants have to travel all the way to work, and to continue, with but one hour's interval, toiling in the field till nightfall, when they have to march home again. Dwarfed in stature, deformed in growth, demoralised in mind from the promiscuous pairing of both sexes, often indeed encouraged in vice, in the singing of obscene songs, and in indecent pleasantry, by the profligate master who accompanies them to and from their work, these victims to the unnatural conditions under which agricultural labour is in many counties carried on, have at length attracted the attention of the Legislature, and a full account of their sufferings, of their deteriorated physical and moral constitution, and of what remedies are called for, is the subject of the Sixth Report of the Commissioners on the Employment of Children.

One great remedy for this state of things is the working of the Union Chargeability Act of 1865, which has already done good service by diminishing the inducement to pull down cottages, and which will work a still further improvement by removing the necessity for the public gang system altogether. The more special provisions which they suggest for the protection of agricultural children are—the exaction from every public gang-master of a licence, along with a certificate of character from three householders, two of whom must be guardians of the poor; the refusal of a licence to any gang-master who keeps a publichouse; finally, the limitation of the age when a boy may be hired by the gang-master to eight years, and of the girl to twelve, while not more than eight hours a day must be required of them, including one hour for rest and refreshment and the time consumed in going to the scene of their work and returning from it. Stringent rules for the separation of the sexes, for their elementary education, and for the protection of children, whether in public or private gangs, from an excessive amount of work, are also among their suggestions. We trust that the Legislature will see its way to an early adoption and enforcement of such salutary advice, while the diffusion of education, the growth of a higher and more philanthropic moral tone, and the spread of sanitary ideas must be looked to, not only for the faithful observance of the legislative provisions, but for the prevention of those evils which are too subtle or too universal for the Legislature to control.

MR. HARDY'S Bill has this week happily passed through its last stage in the House of Lords, and now only requires the QUEEN'S assent to become law. At the same moment we are favoured with an exposition of what the meaning of this Bill is supposed to be by the Metropolitan Poor-law Inspectors. The document which proposes to set forth this interpretation is calculated to produce somewhat mingled feelings in the breasts of reformers. On the one hand, it is satisfactory to observe that some of the great principles for which we have all along contended—such, for instance, as the complete separation of the management of the sick from that of the able-bodied,—are to be carried out in a more liberal and thorough-going manner than the words of the Bill itself seemed to give any positive security for. There are two features, however, of the Inspectors' report to which, without desiring to be unnecessarily captious, we most decidedly object. In the first place, there are signs of the old stereotyped conventional flattery of local boards. "They" (the Inspectors) "are glad to record that boards of guardians generally have already adopted the conclusion that 'treatment of the best kind should be *ungrudgingly* given to the sick poor.'" Does any living mortal, except the Inspectors, sincerely believe that the boards of guardians generally would "ungrudgingly"—or, indeed, without firm compulsion—carry out the extensive changes in the management of their sick which are necessary? For ourselves, who may claim to have borne the heat and burden of a fight for reform in which the Poor-law Board has been a tardy, hesitating, and reluctant actor, we must say that every sign of a tendency on the part of the central authorities to affect a belief in guardians for which they are aware there is no good ground, gives us a qualm of disgust.

But there is another circumstance to which we chiefly intended to draw attention. It certainly is singular that the Metropolitan Inspectors should have so far forgotten the history of recent Poor-law reform as to put forth a document like that to which we are referring without one single word of

acknowledgment as to the sources from which its suggestions are derived. We think we shall not be accused of undue sensitiveness if we say that it is hardly fair for the Inspectors to appropriate, without a word of recognition, principles of which nine-tenths had been thought out by earlier workers in the field: by Miss TWINING, Mrs. GLADSTONE, and Mrs. TAIT, in the Ladies' Workhouse Visiting Association, and especially by THE LANCET Commissioners, the Association for Workhouse Infirmary Improvement, and the Poor-law Medical Officers' Association. Indeed, there is even a more striking omission of acknowledgment where acknowledgment was justly due. The sacred race of Poor-law officials might be supposed to be naturally somewhat jealous and contemptuous of the outside Gentiles; but why should they neglect the chosen people? Did they never hear of one FARNALL, a priest of their own order, who had already subjected himself to the suspicion of heresy by promulgating doctrines of a character marvellously similar to those which are now proclaimed with flourishes of sacred trumpets from the portals of the Poor-law temple? Well, well—

"Non vobis vellera fertis, oves"!

The poor man grew a fleece large enough to have been woven into quite a handsome high-priestly robe, and, after all, he got shorn for some one else's good. It is edifying to observe how Providence continually justifies the classic epigram.

Medical Annotations.

"Ne quid nimis."

CONVALESCENT HOSPITALS.

IT speaks much both for the science and the civilisation of the day when a lady in the position of Mrs. Gladstone sets herself in downright earnest to the work of establishing "a large and permanent" convalescent hospital for the use of the sick poor in the East of London. Only very lately have we come to anything like exact views of the value of fresh air in the treatment of disease. But however lately, we have them now. And the wealthier classes of our patients know wonderfully well that there is no way of curtailing their ailments and their doctors' bills so effective as a run out of town. In fact, such a run annually has become almost a condition of life in large towns. It is an immense help to convalescence, especially among the poor. Not only are the physical surroundings in which the poor live such as to be unfavourable in their influence on the body and mind of a sick person, but these physical surroundings generate a chronic state of weak health which greatly aggravates the risk incident to the occurrence of acute diseases. On these grounds we rejoice at every fresh attempt to establish convalescent hospitals. No design could be more wise or more humane. To the poor of the East-end of London it will be like something from God. It will shorten acute sickness; it will often suffice to change the whole complexion and course of an illness in a strumous or rickety subject. When hospital physicians have exhausted their means of giving tone and strength—when meat and wine and quinine are scarcely seen to further the patient's progress—then there will remain the best tonic of the list, a change from brick walls and narrow streets and city air to open country and green fields. We know how we value this change for ourselves, apart from illness. A little reflection on the unhealthy and monotonous surroundings of the sick poor, especially in the East of London, will enable the most unimaginative man to understand what a powerful instrument of health a convalescent hospital will be to them. Surely nothing would tend more to whet the annual enjoyment of change by well-to-do people than the consciousness that they had done something to send some poor shaken patient to a convalescent hospital like that contemplated by Mrs. Gladstone. Looking at the scheme from a merely economical and medical point of view, it should have the support and help of all medical practitioners; and as a piece of refined and beautiful philanthropy, it should have the assistance of all men and women who wish to do good.

The idea of a convalescent hospital for the East of London was suggested by the experience of sickness in that district during the recent epidemic. The lady who is endeavouring to realise the idea in a "large and permanent" institution is scarcely better known by her honourable social relations than by her humane labours in the East and West of London, and is well fitted to be the leader in such a cause. We wish her every success. Hospitals without convalescent establishments are very incomplete institutions, especially in London. A resort for convalescents, large and efficient, in connexion with the London Hospital, would be well calculated to double the amount of good done by that institution.

THE ENGINE-DRIVERS AND THEIR GRIEVANCES.

FIVE years ago a general and deep interest was excited by the publication in this journal of a series of reports by a scientific Commission appointed by us to inquire into the influence of railway travelling upon health; and amongst the reforms which we strenuously insisted on, in the public interest as well as in that of the railway officials, were a reduction in the hours of labour, and the fixing of a maximum time of daily work. There now seems every prospect of a satisfactory termination to a dispute which at one time assumed a very serious aspect.

The facts in England are deficient on which to estimate the effect of their work on the physical constitution of the men; but it is known that the mortality among them is very great. In France specific inquiries showed that a large proportion of the engine-drivers and stokers suffered from affections of the brain and nervous system, while a still larger number suffered from diseases of the joints and muscles, chiefly lumbago, spinal affections, and muscular and articular pains. It was stated in the French Academy of Sciences that the health of the railway-travelling *employés* suffered in a degree proportionate to the duration of their service, and was evidenced by a notable loss of visual power, loss of hearing, rheumatic affections, and dull, persistent pains, accompanied by a remarkable sensation of feebleness and numbness, rendering the acts of walking and standing equally painful. In the French railway service, however, wise precautions and moderate hours of work are the rule, and therefore it may be fairly assumed that the English service is much more productive of disease than is that of the French.

Any one who has stood on the footplate of an engine during a long, rapid course, even in daylight and warm weather, will hardly venture to dispute that to be an engine-driver a man needs special qualifications—which always command special remuneration. But change the conditions of the journey to a wild, tempestuous night, with snow, hail, or rain meeting in blinding gusts the rushing speed of the engine, and an observer would hardly doubt that such a post makes too many demands on any man for him to endure it many hours together without consequences which may not only be dangerous to him, but may also jeopardise the many lives whose safety depends so greatly upon himself.

Let it not be forgotten that if anything goes wrong on the journey the engine-driver and stoker are inevitably the first victims. In twelve years the loss of life among passengers on railways in England amounted to 266, while among the railway *employés* the deaths numbered 1081 in the same period of time.

THE PRINCESS OF WALES.

WE have the satisfaction to report that, although it cannot be said that much change has taken place in her Royal Highness's condition during the past week, she has yet shown a steady tendency towards recovery. The pain and swelling of the knee-joint are slowly diminishing, whilst the general health is considerably improved. With only such occasional attacks of restlessness as are always liable to occur in a case of this kind, her nights have been for the most part very good, and this notwithstanding the constrained position which is necessarily still maintained, and which is now perhaps as much required to prevent any accidental irritation retarding progress as for the treatment of the existing injury.

THE GOODSIR MEMORIAL.

A MEMORIAL, in the form of a Fellowship, is, we are glad to find, about to be instituted in Edinburgh in honour of the late Professor Goodsir. It is to be called the "Goodsir Fellowship," and is to be bestowed on the student who attains the highest proficiency in Anatomy and Physiology. There are three grounds on which, as the *Edinburgh Courant* puts it, such a memorial should be instituted. In the first place, the life and labours of Professor Goodsir were, in unusual degree, deserving of such a recognition. The greatest anatomist and physiologist whom Scotland has produced since John Hunter, he did much to consolidate and enhance the reputation of Edinburgh as a school of medicine. Then, again, the literary remains of the deceased professor bear small proportion to his actual contributions to science; his very devotion to his favourite subject left him too little time to embody in a lasting shape his many discoveries of new facts, his felicitous rearrangement of old ones, or his comprehensive generalisations. All the greater reason, therefore, for perpetuating his name in the form of a Fellowship, which shall keep the memory of his genius and of his self-devotion ever fresh before the students of the University, and which shall preserve his example, as a *κτῆμα ἐς ἀεί*, for their imitation and encouragement. Finally, the institution of such a prize will contribute to maintain the attractiveness of the Edinburgh school—suffering, as it even now suffers, from the competition of younger rivals, many of whom have been reinforced and invigorated by lecturers and teachers who have qualified in its class-rooms, and who hold its licence. Nothing could have been more gratifying to the late professor than that his labours, all too prematurely closed, should, by the very mode in which they are recognised and rewarded, impart a stimulus to the sciences upon which they were bestowed, and enhance the reputation and prosperity of the great medical school in which they were put forth. All success, therefore, to the "Goodsir Fellowship!" May the call for subscriptions be liberally responded to from every quarter of the globe,—wherever a single one of the four thousand students who enjoyed the privilege of his teaching may have pitched his tent. May it be the first of a numerous array of similar fellowships, which will so increase the academic attractions of Edinburgh as to gladden her with the thought that not only from the labours of his life but even from the incidents of his death she owes a fresh lease of vitality to John Goodsir.

THE INTERNATIONAL MEDICAL CONGRESS OF PARIS.

THIS is a great undertaking, and we wish it success. The idea is fraught with vastness, and the results may redound to the advancement of science; but the details may offer some difficulties. In the first place, the papers must be written in French, and the author's knowledge of the language should be such as to enable him, when his paper is discussed, to follow the views of his adversaries or supporters. No doubt the Committee will use their best endeavours to smooth this difficulty; but an international meeting will evidently come off less brilliantly than an international exhibition. However this may be, it is likely that an immense amount of valuable information will be collected; and we may trust to the eminent men at the head of the movement for arranging such information, and rendering it practically useful.

The social aspect of the Congress is most attractive; and it will doubtless be highly interesting to meet men from different parts of the globe whose labours tend to the same end, or who may be known to each other by repute. The *esprit de corps* will, under these circumstances, be powerfully promoted, and the ties which should bind professional brethren all over the world be rendered more and more close. The Committee are working away in right good earnest, and seem determined that the meeting shall be imposing—numerically so, at any rate. They are appointing in various countries delegates whose duty it will be to facilitate the admission of members and communicate with the Committee. We have been requested by the latter to undertake such duty, and we cheerfully promise to use our best endeavours to aid the Committee in ensuring a large attendance and such papers as will do credit to this country. We shall soon revert to the subject, and would beg those of our readers who may be wishing to join or to obtain further information to address Mr. de Mérie, 17, Brook-street, Grosvenor-square, who undertakes the duties of delegate, and will afford intending members every facility.

THE MEDICAL OFFICERS TO THE PRIVY COUNCIL.

MR. SIMON'S subordinate medical officers are doing a work of the importance of which few persons have, we believe, an adequate idea. For a number of years these gentlemen have been conducting a series of the most admirable researches on the nature and etiology of diseases, especially those of the epidemic class, which affect widely the health of the nation. At no very distant date we hope to sum up for our readers the results which have been attained; at present we desire only to direct attention to an inquiry which has just been concluded by Dr. G. Buchanan into the results which have been produced by the great sanitary improvements which have been carried out in various towns during the last few years. The facts brought out by this research are of extraordinary interest. Not only are several epidemic diseases, more especially typhoid fever, diminished to an extraordinary degree (as might, indeed, have been confidently predicted), but the unexpected fact has been discovered that the mere removal of subsoil water in towns by efficient drainage has had the effect of diminishing the prevalence of phthisis by 41 per cent. in those places. It is impossible to overestimate the importance of an etiological discovery such as this, and the highest credit is due to Dr. Buchanan for the elaborately careful investigations by which he has established it. We shall expect with the greatest interest the detailed research as it will appear in Mr. Simon's forthcoming report.

THE PHYSICIAN AND THE GENERAL PRACTITIONER.

WE have lately heard of more than one case in the practice of a leading physician in which advantage was taken of a consultation to introduce the patient to a general practitioner other than his own usual adviser. It did not appear that the physician had any fault to find with the practitioner in attendance, or that there was any conspicuous merit in the gentlemen to whom the patient was introduced. It only appeared that they were pupils or friends or *protégés*. In both cases the patient was most effectually influenced by the physician. We withhold all particulars, for we only use the incidents for ethical purposes. There is nothing more salutary to patients than the mutual confidence and candour of the

general practitioner and the consulting physician, and there is nothing more honourable to the profession than the general courtesy which characterises their relations. It is our very jealousy for the continuance of these advantages that leads us to regard with regret any questionable use of the physician's opportunity of influencing patients. It is right enough for a physician, as for everybody else, to help his friends. No one would begrudge him the use of his great opportunities in this way in the case of patients who have not formed any medical connexions. We are not prepared to say that there might not be cases of unusual difficulty or anxiety in which it might be the duty of a physician to favour a known and trusted practitioner. But we speak of cases in which there is a conspicuous disregard of what is due to a trusted practitioner already in attendance, or a glaring design to serve the men of one's own little school or clique. Of such behaviour on the part of a physician it would be hard to speak too strongly. The most that can be said for it is that it may occasionally arise from want of thought—a want which we trust these remarks will remove.

CHLOROFORM IN STRYCHNIA POISONING.

A REMARKABLE case of strychnine poisoning is related in the *New York Medical Record* for the 1st of March. The interest of it consists in the fact that the patient recovered after taking, it is said, four grains of crystals of strychnine, for the purpose of suicide; and that the recovery seemed due in a great measure to the free use of chloroform. The patient was under the influence of chloroform almost without intermission for seven hours. A pound of the fluid was consumed. The medical practitioner reporting the case—Dr. Hamilton, of Chardon—thinks the recovery is due as much to the fact of the patient vomiting as to the anæsthetic properties of chloroform. But the vomiting did not happen till about five hours after the taking of the poison, and then apparently as an effect of the chloroform. The patient obstinately refused to take any other remedy. There is probably some mistake as to the quantity of the drug administered; but there is no doubt about the amount being large, and the physiological consequences of it frightful and intense. Dr. Hamilton has done well to publish the case. Further particulars of the exact quantity and form of the poison would make the record of the case more complete. The urine passed gave unequivocal evidence of the presence of strychnia.

THE PROPOSITION TO ENFRANCHISE WOMEN.

THE member for Westminster, Mr. J. Stuart Mill, during the debate on the Reform Bill, had the boldness to advocate "women's rights," and to claim for them the privilege of voting for members of Parliament, his reasons being founded partly on justice and partly on expediency. His experience of the gentler sex must have been very limited to have led him to believe either that women desire such an equality or that they are physically or mentally fitted for it. Surely he has yet to learn that in woman there is a natural dependence on man, and that even in our day the Divine proclamation yet obtains sway that man shall "rule over her." This subjection was, doubtless, in acknowledgment of a physical and mental inferiority whenever woman acted apart from man. When, however, she combines with him, the joint action is in keeping with the law—the deed of "one flesh," and partakes of the united "two in one" in strength and character. Taken in the mass, women are in all respects weaker and gentler than men; in bodily powers less equal to the labour of life; in strength of will less reliable; in judgment less sound. Their organisation shows a comparative delicacy; the conformation of structures and organs is less developed; there is less strength and vigour, and less fitness to encounter the obstacles of intercourse with the world. Mentally, there is, notwithstanding, in many instances, a remarkable aptitude and quickness of perception, as marked inferiority and weakness. All women are a ready prey to designing and plausible men; and as such are wholly unfitted to assume the political function of enfranchisement.

No doubt education would do much to eradicate these natural defects of women, and especially those of a physical character. Women, as we have seen in our factories—and we blush whilst we make the statement,—with all the acquired coarseness of men, have under long-continued labour lost almost all the traces of their sex. Spartan women, Amazons, and Joans of Arc have ceased to exist in the midst of an age duly acknowledging the *true* rights of woman. Happily for us, women in England, whether among the upper or lower classes, find the ties of home with its endless varieties of duty so absorbing and attractive that they neither need nor desire the excitement of political debate nor the assumed attractions of the franchise. They are lovers of home and home duties, and devote themselves with real enjoyment to its pleasurable cares and absorbing interests. They are the developers of our statesmen, the trainers of our merchants and professional men; the makers of our homes, and the guardian angels of our social state. Whatever would draw them away from these holy and exalted duties would tend to create disabilities which would sooner or later sap the foundation of our national life.

APPOINTMENTS AT KING'S COLLEGE HOSPITAL.

WE are glad to see that the Council of King's College are taking steps to repair the errors into which they were unhappily led some years back, in appointing temporary instead of permanent incumbents of the junior appointments of their hospital. The time for which the present assistant-physician for diseases of women and children and the present assistant-surgeons were elected being about to expire, the Council are prepared to elect permanent officers to these posts, and are inviting applications. We can hardly doubt that their choice will fall upon Dr. Playfair and Messrs. John Wood and Henry Smith, the present occupants of the several offices.

We presume that an early opportunity will be taken of filling the post of assistant-physician permanently also, and from among those who have hitherto worked well, though under sore discouragement. Certainly the Council ought to have no difficulty in finding good men among their own pupils, since out of their superabundance they have been able to furnish so many other institutions; for, setting aside those teachers who have no hospital appointments at present, we find no less than sixteen members of hospital staffs former *élèves* of King's College—viz., Drs. Hyde Salter, Headland, Julius Pollock, and Mr. George Parkinson at Charing-cross; Mr. James Salter at Guy's; Drs. Head and Sutton at the London; Dr. Robert Liveing, Messrs. Nunn, Hulke, Lawson, and Tomes at Middlesex; Mr. Simon (and but lately, alas, Dr. Brinton) at St. Thomas's; Mr. Christopher Heath at University College; and Dr. Anstie and Mr. F. Mason at Westminster.

THE COMMANDER-IN-CHIEF ON CAMPS.

IT seems to be ingrained in the natures of some people that they cannot appreciate even in the smallest degree the effect of evils from which fortune has exempted them. Like the priest and the Levite, they always "pass by on the other side," regardless of the wayside victim of wrong-doing. His Royal Highness the Duke of Cambridge at any rate is deficient in the qualities of the "good Samaritan," if we may judge him by the speech he delivered in the House of Peers on army recruiting. Lord Dalhousie, in referring to the complaint which had been made against camps as places for winter quarters, expressed himself in favour of removing the troops in winter "from camps, which did not afford the comfort of ordinary barracks, to winter quarters, where they would have an oppor-

tunity of mixing with their fellow-citizens generally." Whereupon his Royal Highness was moved to declare that all these objections to camps in winter were a "bugbear." Aldershot, for instance, according to the illustrious Duke, is a paradise for the soldiers: "they are better taken care of there than anywhere else;" they have less duty; every man is well housed in winter—the men better than the officers (!); in fine, "what is alleged against these camps on the ground of their discomfort is the greatest nonsense possible." Is the Duke of Cambridge's memory so very treacherous that he has forgotten a certain official Report, to which we by a subsequent inquiry gave perhaps unwelcome publicity, describing the "comfortable" lodging of soldiers at Aldershot, not to speak of other drawbacks to the luxury of a life in huts "infested with vermin, and saturated with organic matter"? Can it be that he has not read the evidence given before the Recruiting Commission, which describes the situation of the huts as being in the winter "like a desert or a wilderness, and without gas," and also the explicit testimony against the retention of men in camps so long as is now customary? Not long since the *Saturday Review* thus graphically sketched the characteristics of the camp at Aldershot:—"Long lines of pitch-black huts; squalid women hanging out clothes to dry on washing-lines; soldiers in not the cleanest of shirts, sulkily sucking at clay-pipes; clouds of dust, which swoop up as if supernaturally from the apparently exhausted, but inexhaustible parade grounds." There is no exaggeration in this, as we can testify from personal knowledge; yet it is the direct antithesis to the *couleur de rose* picture drawn by the Duke of Cambridge.

THE BRITISH PHARMACOPŒIA, 1867.

WE are enabled to state that the recommendation of the Irish Branch of the Medical Council to postpone the publication of the new Pharmacopœia until after the meeting of the Council in May, has not been acceded to by the Executive Committee; and that no further delay in the issue of the work will now occur than such as is necessarily involved in the printing and binding of the very large number of copies required for circulation.

MR. GRANT DUFF ON UNIVERSITY EDUCATION.

THE member of Parliament for the Elgin burghs supplemented his annual survey of political affairs by an address on the Function and Mode of Academic Teaching, delivered before the students of Aberdeen University, who had chosen him as their Lord Rector. He took the popular, if not very profound, view of the value of classical studies, and insisted that the education they conferred was not a necessary but a luxury. Later in his harangue he dwelt on the value of an acquaintance with the etymology of words, though how this could be properly attained without a knowledge of the Greek and Latin tongues he did not make clear. Language itself is now a science; and as anatomy is studied from its most perfect embodiment in the human subject, so philology is studied from its most perfect embodiment in the language of Ancient Greece. He said a great deal that was very sound, if not particularly novel, on the expediency of including Natural History in the Arts curriculum; while his enforcement of the advantages conferred by such an acquaintance with Geography and Contemporary History as is to be obtained from books like M'Culloch's Commercial Dictionary came with peculiar force from a politician who has himself made important contributions to those subjects. We should have the less hesitation in extending the curriculum of Arts, as, from the improved text-books and modes of teaching now in use, the time that was once required for mastering the classical tongues and the various departments of mathematics and physics is now so shortened as to afford an opportunity of acquiring a knowledge of other subjects. The Medical Faculty of our Universities, he said, might be considered as complete, while those of Law and Theology were not so. This is certainly a matter on which the profession may congratulate itself. But, at the same time, we ought not to rest satisfied until the preliminary education of the medical practitioner is at any rate equal to that of the barrister or the clergyman. When such a consummation is reached, the Medical Faculty may with justice be regarded as the most intellectually accomplished of all the liberal professions.

SWANSEA BOARD OF GUARDIANS.

A COMMITTEE appointed to inquire into certain allegations made by Mr. Wells, the late assistant-surgeon at the union poorhouse, against Mr. D. H. Thomas, the principal medical officer, and the master of the workhouse, has issued its report. The principal charges were, that certain extras which were ordered were never given to the paupers for whom they were designed; that Mr. Thomas had unskilfully treated a fracture of the upper third of the thigh; and that his assistant is an unqualified man. After a full investigation, the committee expressed "their indignation at the false statements made by Mr. Joseph Wells against the surgeon, Mr. D. H. Thomas, and the master of the workhouse; and after a patient investigation of the whole charge made by Mr. Wells, they have arrived at the conclusion that there was no foundation whatever for such charges, and they believe them to be as malicious as they are unfounded." The chairman expressed his "surprise that a member of so honourable and distinguished a profession should have been found to be so lost to self-respect as to wilfully attempt to fasten a charge of that kind on a member of his own profession. He thought it was only fair that the same publicity should be given by the local press to the denial of the charge as had been given to its publication. He hoped the representatives of the press would give the board that assistance." How can we expect that boards of guardians will defer to their medical officers when such disunion exists as is here exhibited?

SEWAGE AT THE HAGUE.

WHILST the Metropolitan Board of Works is spending its millions in carrying the diluted sewage of the metropolis either into the river or to sandy wastes where its very quantity renders it difficult to manage; and while, on the other hand, the Rev. Mr. Moule, aided by Dr. Hawksley, is trying to bring mother earth to the rescue of her children, our neighbours at the Hague have inaugurated an entirely different system of ridding themselves of the sewage of their city, whilst carefully utilising every particle of it in the cultivation of their fields.

The system is the invention of Captain Liernur, and is termed the "Pneumatic City Sewerage System," since the flow of sewage through the pipes depends upon the propelling power of air instead of water. At the Hague, the residence of the King of the Netherlands, and a city containing some eighty thousand inhabitants, *water*-closets will remain for ever unknown, since the pneumatic system is applicable solely to open privies without any of the valvular arrangements with which we are so familiar. The privies of each house are connected with a pipe leading to a main in the street, and thence to an iron reservoir which is beneath the pavement at the crossings of the principal streets. This reservoir is of cast iron; and a series of valves, easily reached from the street, control the entrances of the pipes, both they and the reservoir being perfectly air-tight. Every night a steam air-pump is placed over the reservoir and connected with it by hose, and, the air being pumped out until a sufficient vacuum is produced, the valves in the main pipes are opened, and the contents of the privies are driven by atmospheric pressure into the reservoir. It is found that the urine and fæces commingled remain in a sufficiently fluid state to be readily removed in this man-

ner once in the twenty-four hours; and the force of the atmospheric pressure is sufficient to overcome the resistance of any foreign body which might be accidentally or designedly thrown into the sewer, provided its size be not greater than that of the pipes, which are five inches in diameter. When the pipes are all emptied into the reservoir the valves are closed, and the sewage is pumped by the engine into a properly constructed "tender," which, when full, is drawn away by horses, and its place supplied by an empty one.

The contents of the tenders are drawn off into barrels at an appropriate and neighbouring spot, and, there being hermetically sealed, can be transported any distance. In order to apply the sewage to land, an ingenious form of "tiller" has been invented for grass land, and a plough for ordinary arable land. The barrels containing the sewage are fitted to these, so that the manure passes directly to the plough-share, and is both thoroughly embedded and also immediately covered over so as to avoid the offensive odour which would result from the use of ordure as a "top-dressing."

It is calculated that for ten thousand inhabitants there would be required one steam-engine of from ten to twelve horse power, and three tenders each of about ninety cubic feet capacity. For London, therefore, with its three million inhabitants, three hundred steam-engines and nine hundred tenders (or perhaps a thousand, on account of the distance to be traversed) would be sufficient. The following is the average quantity of excrements produced daily by each individual upon which this calculation is based: fæces 0·24 lb. and urine 1·51 lb., making 1·75 lb. per diem, or ten cubic feet per annum, for each individual. That this amount of rich and concentrated manure would be highly prized by the agriculturist cannot be doubted, and the only weak point in the system appears to us to be that no provision is made for the water used for domestic purposes (and by the English in greater quantity than by other nations), and which would certainly find its way in great part into the drain-pipes as a constituent of what is ordinarily termed "slops." We are not aware whether any separate provision is made at the Hague for carrying off the surface-water of the streets by drains, but some such arrangement would be necessary in any English town adopting the plan, and into these the "sinks" of the houses might open.

We commend the very ingenious scheme of Captain Liernur to the notice of sanitarians, and would refer them for further details to the journal *Engineering* of Nov. 2nd, 1866.

UNIVERSITY COLLEGE HOSPITAL.

THE annual dinner in connexion with University College Hospital was held on Wednesday evening last. In every respect, excepting the financial, this institution is in a most thriving condition. As a medical school it bears creditable comparison with other hospitals, and enjoys the benefit of an unexcelled staff of teachers. And, as an hospital, it affords an enormous amount of relief to the sick poor. Thus, 1560 in-patients were "admitted, nursed, and cured," and 740 women in childbirth were delivered at their own homes; to say nothing of the thousands treated as out-patients or as casualties. The regular annual outlay exceeds the income by upwards of £3000. Accordingly the debt increases yearly, and in October last was no less than £9600. This ought not so to be; and pupils of the hospital and all benevolent persons should give its claims a consideration. Not the least creditable fact in connexion with it is this, that the medical staff forego for the benefit of the charity the personal advantage of fees paid by students. The treasurer of the hospital, Sir Francis Goldsmid, who occupied the chair, not unreasonably suggested that it would be making no bad use of the excessive funds of the old and endowed hospitals to appropriate a portion of their abundance to the help of younger and much-needed charities like the University College Hospital.

THE EPIDEMIOLOGICAL SOCIETY.

ON Monday evening next, the 1st of April, the Epidemiological Society will have a field-night on cholera. Dr. J. Macpherson, late inspector-general of hospitals in the Bengal army, and the author of the admirable recent work on the disease, entitled "Cholera in its Home," will read a paper "On the early Sites of Cholera in India from the middle of the Sixteenth Century down to the present day." Mr. J. Netten Radcliffe, the honorary secretary, will read a paper "On the Propagation of the Disease through Water as a Medium, with special reference to the outbreak at Theydon-Bois, in Essex, in 1865." The two questions of most immediate interest to English epidemiologists—the cholera sites of India, and the so-called "water theory" of cholera communication—will thus be brought before the Society. Both questions are of the greatest magnitude and interest; and they cannot be too freely and too largely discussed while the facts of the recent epidemic are fresh in the mind.

A NEW PARASITE.

DR. JUDÉE, of Bizot, describes a new parasite which he recently found principally about the neck, the breast, and the hair of women. The parasite in size and aspect resembles a small dark speck the size of a pin's point. With the naked eye little dark lines are seen in its hard body, and which, in consequence of the smallness of the object, are confused together. Examined with a power of 140, the following elements are noticed:—A head furnished with two antennæ, an abdomen, and four pairs of legs, each composed of four articulations, and armed at its extremity by a species of claw. The body and legs are covered with hair. The three dark lines are not superficial, but deep, and depend upon the organs contained in the abdomen. It is very lively, moving rapidly about; and it eats its way, leaving behind a little black powder of extreme fineness. Once separated from the body, it quickly dies. Dr. Judée observes that he has found this parasite on individuals who wear false hair; but he does not think it has any necessary connexion with it. It is common, perhaps, in the Arabs during Rhamadan. The treatment practised was antiparasitic. The insect appears to be a tick.

THE SOCIETY OF ARTS.

THE Committee appointed by the Society of Arts to inquire into the Food of the People, and the means of increasing its supply and cheapening the present tariff of prices, must by this time be fully alive to the difficulty of the subject they have undertaken to investigate, and the intricacy of the scientific principles involved in its discussion. It is because valuable results are within easy reach of the Committee's investigations that it is all the more necessary to point out a source of danger which may be fatal to the success of their endeavours. The want of gentlemen specially conversant with the chemistry of diet is a serious flaw in the composition of the Committee; whilst it would be most undesirable that those interested in special plans of meat-preservation or advocates of patentees should be included. At present those who ought to be judges are witnesses, and there is a want of exactness that it would be well to have at once rectified. At the last Committee meeting, a report of what had already been done was made by Mr. Chester, and the results, to say the least, are very indefinite, and cannot be held to be of much value, based as they are on mere opinion. Indeed, we do not see how it is possible for the Committee, as at present composed, to pronounce judgment upon the evidence of a scientific witness. Then we note that Baroness Leisnèr-Ebersberg sent a preparation of concentrated milk, and it was stated in her communication that Baron Liebig had extolled it as the representative of mothers' milk. This is a loose way of investigation that should be at once abandoned, and we hope the Society will be

disposed to receive the suggestion we have thrown out, so that all statements in future put into print may be expressed with logical accuracy and verified by scientific analysis.

ST. ANDREW'S BURIAL-GROUND.

THE improvements in progress at the foot of Holborn-hill have necessitated the appropriation of a portion of the consecrated ground belonging to St. Andrew's Church, and rumour has been busy in circulating a report to the effect that the exhumation and re-interment have not been conducted with due care. We are glad to be able emphatically to contradict such a statement. The contractors, Messrs. Hill and Keddell, of Whitechapel, have been most careful to meet in every way the keenest sensibilities of the parishioners, and the disinterment has been effected under the constant supervision of the rector and the churchwardens, the former of whom has expressed to us his warm approval of the way in which the necessary changes have been completed. The bodies have been removed to the City of London Lying-in Cemetery at Ilford, and not to the portion of the churchyard on the opposite side of the church.

THE public health is seriously affected, as might have been anticipated, by the cold and stormy weather of the last few weeks. The mortality of January has been almost reproduced in March. In the Weekly Return of the Registrar-General of the 2nd inst., the deaths had fallen to 1295, consistently with the milder weather of the month of February. In the weeks since the deaths have been steadily rising in number, being respectively 1425, 1572, and 1731. The fatal diseases have been of the pulmonary class—bronchitis, phthisis, pneumonia, whooping-cough. It is important to observe that the cold weather has not prevented a large mortality from epidemics. Last week 73 children died from whooping-cough; small-pox caused 40 deaths, and typhus, 49. We may hope now for a steady prevalence of milder weather and a corresponding reduction in the mortality; but for some weeks to come the Registrar-General will have to record the mortal consequences of the anomalous March through which we are passing.

THE letter of our Glasgow correspondent will be read with unusual interest and regret. It reports the partial collapse of a great scheme for renovating the worst parts of Glasgow, so as to make them habitable. It would appear that the "cost" had scarcely been perfectly "counted." Who would have guessed that £20,000 would be the sum of the bill for merely getting the Act passed—and there was no opposition—which was to authorise the improvements! We humbly submit that this is highly discreditable to either the legal or the legislatorial body, or to both. The sooner the reform principle is applied in this particular department the better. We sincerely trust that the great scheme is only temporarily in abeyance, for Glasgow needs it terribly; and the conception of it, and its first reception, were creditable to the promoters and to the public of Glasgow.

THE annual meeting of the Norfolk and Norwich Hospital will be held on Saturday, April 6th. Dr. Bateman has given notice to move the following resolution:—"That in future the house-surgeon be appointed by the board of management and the medical staff conjointly." The house-surgeon is at present appointed by the whole body of governors, and has frequently been put to very heavy expenses in canvassing for the appointment.

A JERSEY correspondent writes to us that "on Wednesday, the 20th ult., a French cutter, coming from St. Brieux (where cholera has prevailed for some time past), had a man on board seized with cholera, and died on entering the port of Jersey. The body was removed to hospital, where, in the presence of the medical board, a post-mortem examination was performed, which left no doubt in the minds of those present that the man had died of cholera and not of bilious fever. He had been suffering from diarrhœa for three days previously, and died eighteen hours after being attacked with vomiting, cramp, &c. His bladder was quite empty. The vessel was kept in quarantine till Saturday, the 23rd inst."

AT the ordinary monthly meeting of the Quekett Microscopical Society, held in the library of University College, a paper was read by Mr. C. A. Watkins on Ferments, in which the action of yeast, casein, &c., and the transformations of starch and sugar under their influence, were discussed. Among the subjects pointed out were—the albuminous character of all the ferments, whether they be living organisms or simply matters derived from organic sources; the necessity of combining the chemical and microscopical investigations of fermentations generally, as they form a distinct class of phenomena depending on collateral processes—viz., the destruction of the albuminous matter or ferment on the one hand, and the simultaneous transformation of the matter fermented on the other; the importance of albuminous matters in saccharine solutions undergoing vinous fermentation, and the exhaustion of yeast by growing on its own substance while fermenting a solution of pure sugar. In describing the viscous, lactic, and butyric acid fermentations, and the ordinary conversion of alcohol into vinegar, it was mentioned that bacteria or vibriones invariably appear in the fluids, to the decomposition of which they evidently bear some fixed relation.

About a hundred and twenty members were present, and the usual *conversazione* concluded the meeting.

SIR JOHN PAKINGTON proposes that in the army flogging shall be restricted in time of peace to the punishment of mutiny, aggravated insubordination, and disgraceful conduct of an indecent character. *The Times*, we are glad to observe, sympathises with the opponents of corporal punishment, and would like to see an effort made to abolish it altogether. We accept no shifty compromise such as that suggested. The man who deserves the cat ought to be expelled the service; and we hope Mr. Otway will not yield a single point to his opponents.

DR. BRYDEN'S tables on the health of the English troops in Bengal show that the mortality last year was only 20·14 per 1000; being 4000 less than that of the previous year. In discussing this question, writers always assumed that the force of European troops in India was 70,000: this of necessity vitiated the conclusions arrived at, inasmuch as last year there were only 61,672 men and non-commissioned officers, and 3615 officers; being a reduction of 5000 in one year. This year the number would not exceed 60,000. It is stated that the great attention paid to the health of the men had diminished disease and its consequences.

AMONGST the comments on the extraordinary case of Boot *v.* Boot, we have observed no remark on the undoubted omission of an examination per vaginam as part of the evidence. Surely the presence or absence of the hymen in Eliza Brinton would have had its value as exculpatory or condemnatory of her alleged seducer.

THE munificent sum of five guineas (!) has been voted to Mr. Reddrop by the Board of Guardians of the Tiverton Union, as an expression of the general approval of the Board of that gentleman's services, especially during the time of the recent cholera epidemic.

THE

NEW BRITISH PHARMACOPŒIA.

No. IV.

IN addition to an entirely new arrangement of the subjects treated of in the Pharmacopœia, an extensive alteration of names, especially of those applied to drugs derived from vegetable sources, a great accession of medicines not noticed in the previous issue of the work, an improved method of arranging and describing processes, and indicating in connexion with each substance all the preparations in which it is used, and in most cases the doses in which it is administered, very important changes have in other respects been made. In almost every page of the work there is evidence of more than an ordinary revision of the matter, which appears, for the most part, to have been rewritten. This, indeed, was essential, for one of the grave objections urged against the Pharmacopœia of 1864 was, that there was a want of unity and consistency in it, which was ascribed to the peculiar circumstances under which it was produced by three separate committees working at great distances from each other, and each representing separate and independent interests. In order to remedy the defects arising from this cause, it was necessary, not only that processes should be fully and fairly tried, and improved if found to be faulty, but that these trials should be made in such a way as to supply the requisite information to someone capable of correcting or rewriting the descriptions of them. More than two years have been occupied by the editors, Professor Redwood and Mr. Warington, in performing this duty, and if the result of their labours should prove as satisfactory to those by whom the Pharmacopœia will be used as it seems to have been to those who have cursorily examined the proof copy of it, the profession will not begrudge the time and money spent in attaining so important an object.

The preface states that

"Pains have been taken to make the descriptions of all the substances referred to in the work sufficiently comprehensive and minute to afford a clear indication of what the medicines of the Pharmacopœia are intended to be, and to enable those who are engaged in their administration to determine the identity and test the purity of such as are met with in commerce. In the descriptions of natural products reference is made to their sources. If they belong to the animal or vegetable kingdoms, the scientific names of the animals or vegetables yielding them, if known, are given, in addition to the names under which they are used in medicine; and reference is generally made, in the case of vegetables, to the best authorities for the scientific descriptions of them, and to works in which correct figures may be found. Mineral substances are described with reference to their chemical characters and composition; and generally, in the descriptions of products, whether natural or manufactured, the distinguishing characters and tests are included, where such can be referred to with advantage. There are some medicines for the preparation of which it is essential that precise directions should be given—namely, such as can only be obtained by some peculiar process, and with the exact composition of which we are but imperfectly acquainted; but processes are also, in most instances, appended to the descriptions of chemical compounds of definite and known composition, which admit of accurate definition in other ways. In many of these cases, however, it is left optional with the manufacturer to use the processes given, or others by which products may be obtained that will accord with the descriptions and tests given for their identification."

It is a question, with reference to which much difference of opinion exists, whether it is necessary or desirable in a Pharmacopœia to give processes for the preparation of well-defined chemical products which are produced only by manufacturers on the large scale. On the one hand it is stated that the compilers of a Pharmacopœia have but imperfect means of ascertaining which are the best practical processes for the production of many chemical compounds, as such processes are often kept secret; and under such circumstances the Pharmacopœia might suffer in reputation from the insertion of processes that have been greatly improved or wholly superseded. On the other hand, there are those who consider that a Pharmacopœia ought to contain such information as would enable practical men into whose hands it is put, either in this country or in our colonies, to obtain most readily the medicines that are described; and that with this view the best known processes for all manufactured products, not involving any very elaborate descriptions, should be given. The course adopted in the present edition of the Pharmacopœia does not differ very materially from that pursued with reference to this question in the edition of 1864. It consists in giving processes, more or less in detail, for nearly all the chemical compounds described. But while in the edition of 1864 the processes were authoritatively enjoined, they are now frequently left optional with the manufacturer. Thus we are told that citric, gallic, hydrochloric, tannic, and tartaric acids *may be* obtained by processes which are described; but these permissive terms are not appended to the processes for hydrocyanic and phosphoric acids. In the cases of acetic, arsenious, benzoic, carbolic, nitric, and sulphuric acids, the methods of production are described only in general terms. Acetic acid is described as "an acid liquid prepared from wood by destructive distillation and subsequent purification." Arsenious acid is "an anhydrous acid, obtained by roasting arsenical ores, and purified by sublimation." Benzoic acid is "a crystalline acid obtained from benzoin, and prepared by sublimation." In this case the terms used evidently imply a permission to prepare the acid either by subliming it directly from the benzoin, or by the method frequently adopted of first taking out the benzoic acid from the resin by means of lime, then precipitating it from solution with hydrochloric acid, and afterwards subliming the precipitated acid to give it the usual characters of the acid as met with in commerce. Carbolic acid is described as "an acid obtained from coal-tar oil by fractional distillation and subsequent purification." Nitric acid is "an acid prepared from nitrate of potash or nitrate of soda by distillation with sulphuric acid and water." Sulphuric acid is "an acid produced by the combustion of sulphur and the oxidation of the resulting sulphurous acid by means of nitrous vapours." We think in these cases the descriptions given are sufficient, and that they are judiciously worded. Any attempt at minute descriptions of the processes for producing these acids would necessarily involve lengthy descriptions which would be deficient in the conciseness and precision that ought to characterise pharmacopœia processes. There are in the new work a rather greater number of instances than existed in its predecessor in which processes are described in general terms without any attempt at precise instructions. Among the articles thus treated we find glacial acetic acid, arsenious acid, benzoic acid, and some others.

We observe, also, in this part of the work, that chemical symbols are used somewhat differently from what they were in the previous edition. It was urged as an objection to the use of symbolic formulæ, as applied in the Pharmacopœia of 1864, that they often assigned more definite compositions to bodies than the descriptions in other respects justified. This objection has now been completely removed.

It will be recollected that a proposition was made to the Medical Council last year by the Chemical Society to omit symbolic formulæ altogether from the Pharmacopœia, on the ground that the formulæ used in the then existing Pharmacopœia had ceased to be employed by many of the most eminent chemists in this country, and that a great change was taking place in this and other departments of theoretic chemistry, which was not likely to be finally settled for several years to come. This proposition, although not literally acceded to, has caused a great alteration to be made in the method of describing chemical substances, both verbally and by the use of symbols. The preface thus alludes to this subject:—

"In the previous edition of the British Pharmacopœia, che-

mical symbols were introduced for expressing the composition of bodies of definite chemical constitution. By this method of notation, as generally adopted by chemists, not only is the elementary composition of bodies represented, but also their constitution; chemical formulæ being so constructed as to indicate the supposed distribution or arrangement, as well as the proportions of the respective elements. On this point, however, differences of opinion often exist, and the prevailing doctrines are subject to change with the progress of investigation and the extension of knowledge. In relation also to the numbers corresponding to the symbols of the elementary bodies chemists are not agreed, and there are in fact, at present, two tables of equivalents, one of which has been long in use, and the other more recently introduced. Important changes in these respects are now occurring, and the symbolic notation of the British Pharmacopœia of 1864, although still recognised in several of the schools and various elementary works on chemistry, has ceased to be used by some of the most eminent chemists in this country. It was represented to the Council, on high chemical authority, that under such circumstances symbolic formulæ might with advantage be omitted from the Pharmacopœia, and other means adopted for defining what is known of the composition of the substances referred to. The Council, however, did not think it expedient to relinquish the use of such formulæ, or to pronounce, directly or by implication, an opinion upon the comparative merits of the two systems referred to, but determined to represent chemical substances of definite chemical constitution both by the old and also by the new method of notation. In all cases, therefore, where chemical symbols are used, two formulæ are given, one according to the old and the other according to the new system. These are distinguished from each other by the use of different types, the formulæ according to the old system being printed in the lighter Roman type (Al), and those according to the new system in the heavier Egyptian type (**Al**)."

It seems to have been the object of the Medical Council, and of the Committee by whom the resolution of the Council has been carried into effect, to avoid, as far as possible, showing any preference, expressed or implied, for either of the two systems of chemical notation. The use of two sets of symbols, whenever any are used, gives an appearance of complexity which will no doubt be embarrassing to those who are not familiar with these cabalistic signs, and this will especially occur where the symbols are introduced as part of the verbal description of a chemical compound. Thus, in addition to the description of nitric acid which we have already given, there is added, "and containing 70 per cent. by weight of the nitric acid, $HO.NO_5$ or $\mathbf{HNO_3}$, corresponding to 60 per cent. of anhydrous nitric acid, NO_5 or $\mathbf{N_2O_5}$." And again, in the description of sulphuric acid, in addition to what we have already quoted, it is stated, "It contains 96·8 per cent. by weight of the sulphuric acid, $HO.SO_3$, or $\mathbf{H_2SO_4}$, and corresponds to 79 per cent. of anhydrous sulphuric acid, SO_3 or $\mathbf{SO_3}$." In this latter case it might be thought that the two formulæ given for anhydrous sulphuric acid have the same signification, but a reference to the table of equivalent weights given at the end of the book would serve to show that the formula printed in the thicker Egyptian type represents double the quantity of matter that the other does. According to modern chemical views the substance described as "anhydrous sulphuric acid" is not an acid, and it is now generally called sulphuric anhydride; but we suppose the use of this name in the Pharmacopœia was thought to be too great an innovation. There is some evidence, in several places, of a halting between two opinions, obviously caused by the endeavour to do equal justice to the old and new views in chemistry. We do not think, however, that the advocates of either system have any good grounds of complaint.

THE ROYAL SOCIETY.—Sixty-one candidates for the Fellowship of this institution are in the field for the next election. Out of this number the Council will select fifteen to be recommended for election. Our profession is represented by seventeen physicians, six surgeons, and, we may add, eight chemists.

THE VENEREAL COMMITTEE OF THE HARVEIAN SOCIETY.

THE Committee of the Harveian Society appointed to inquire into the prevention of venereal disease met on Wednesday last, Dr. Pollock in the chair. Communications were read from various hospitals, showing the daily return of venereal cases under treatment. At Aldershot the average weekly number of females in the Farnham workhouse for the last three years has been twenty-two; of these eight per cent. have died. The workhouse contains two female venereal wards, with eighteen beds, but at present a female fever ward is used as an extra one; there is no male ward. Female cases are never refused admittance. The sanitary arrangements are bad, and frequently less than 200 cubic feet of space are allowed each patient. Mr. James Lane remarked that the worst cases of sloughing and phagedena admitted into the Lock Hospital come from the Farnham Union. The Contagious Diseases Act as yet has not been put into force at Aldershot, because of the difficulty of securing suitable premises. The Committee, after full discussion, agreed that it is most desirable that the Contagious Diseases Act in its general sense should be applied to the civil population; that all known prostitutes should be regularly examined, and detained if diseased, and that their discharge from hospital should be notified to the police; but at the same time that no measure should be adopted in the least degree calculated to give the public facilities for the discovery of brothels or healthy prostitutes, merely for the detection and treatment of the diseased. The secretaries were instructed to draw up a series of propositions to be submitted to the next meeting. The Committee are anxious to receive every information relative to the daily returns of venereal cases at hospitals.

THE OBSTETRICAL SOCIETY AND MR. BAKER BROWN.

WE understand that the printed answer of Mr. Brown to the charges made by the Council of the Obstetrical Society will be in the hands of all the Fellows on Monday. The document consists of ten quarto pages, and the charges are replied to categorically. So many serious questions of ethics and precedent are involved in this matter that it is of the utmost importance that a complete and accurate record of all that is said and done on Wednesday evening next shall be submitted to the profession; and we purpose in the ensuing number of THE LANCET to present our readers with a full report of the proceedings upon the occasion. We may express a hope that the disorderly scene which took place at the last meeting will not be repeated, but that the President's ruling on all matters of form will receive the attention and respect which may be looked for from a society of gentlemen.

WIGHT *VERSUS* FIELD.

AT a meeting held at the house of Dr. Langmore, Sussex-gardens, on Wednesday afternoon, Dr. Sibson, F.R.S., in the chair, arrangements were made to hold a public meeting at the Marylebone Literary Institution, Edwards-street, Portman-square, on Tuesday next, April the 2nd, at five o'clock P.M., Dr. James Copland, F.R.S., in the chair, to sympathise with Mr. Field in the annoyance and anxiety he has experienced on account of the recent action brought against him, and to congratulate him on its satisfactory termination. A sub-committee has been formed to conduct preliminaries, consisting of Dr. Sibson, Dr. Langmore, Dr. Norton, Mr. Aikin, Mr. Hill, Dr. Tilbury Fox, Mr. Gascoyen, Mr. Wm. Adams, Mr. Hart, Mr. Parker Young, Mr. Owen, and Mr. Curgenven. The charges, which referred to circumstances that happened fifteen years ago, were supported by the evidence of a series of servants who had lived in the service of Mr. Field and Mrs. Wight; and in refutation of them appeared the strongest testimony from a number of

ladies and gentlemen, friends of Mrs. Wight, who had been intimate or residing with her for ten or eleven years; and, as the Judge remarked, it was impossible that an improper intimacy could have been continued for so many years as stated without any trace of it being apparent to the persons in the same rank of life who saw the parties every day. The jury at once gave a verdict for Mr. Field.

Already a large number of medical friends and neighbours of Mr. Field have intimated a wish to express publicly their undiminished confidence in and high regard for him. Beyond the personal considerations involved in it, the question is one that reflects upon the profession as a body; and it is a duty it owes to itself to take advantage of the meeting on Tuesday to repudiate so unjust a procedure levelled against it through one of its members. Dr. Langmore is the honorary secretary.

GLASGOW.

(FROM OUR OWN CORRESPONDENT.)

THE grand scheme for the renovation and sanitary improvement of this city, regarding which there has been so much eloquent writing and speaking, has, I regret to say, to a certain extent collapsed. The Act of Parliament for carrying it out was obtained without opposition, and the press leaped to the conclusion that all Glasgow was rejoicing, regardless of expense, at the prospect of a rejuvenated and regenerated city. The illusion only lasted while the tax-gatherer was behind the scenes; the moment he appeared on the stage the delusion vanished, and the stern reality of the enormous cost was exhibited in its full extent. It then became evident that the assessment for police and sanitary purposes alone would amount to 12¼ per cent. on rental; a discovery which for a time startled the community and threw them into a state of social anarchy. The late Lord Provost, on whom the merits or demerits of the Act chiefly rested, was ousted from his seat in the Town Council, and the result will most likely be a modification of the measure, and certainly an extension of the period during which the taxation for carrying it out is to continue.

The scheme is a grand one, suggested in many respects by the Imperial renovation of Paris, and though at present the citizens may grumble at the expense, still they are proud of the measure, and I have no doubt in the end it will be virtually carried out. It may be worth while to mention, for the information of municipal corporations who may purpose to apply for similar powers, that the expense of obtaining our unopposed Act amounts to upwards of twenty thousand pounds, more than one-half of which goes into the pockets of two town clerks and their subordinates. No wonder that we demur, shake our heads, and insinuate jobbery, when we see such a sum absorbed in purely preliminary expenses.

It must not be supposed that hitherto we have been indifferent to sanitary improvements. During the last quarter of a century much has been done, and within less than two years the public has been assessed to the amount of eleven thousand pounds for sanitary objects alone. This has been expended on whitewash, visitation, and regulation of lodging-houses, scavengering, disinfecting agents, salaries to medical and other officials. Two small temporary hospitals have also been erected, one for fever, the other for cholera. The Sanitary Committee have also fully exercised their arbitrary powers of obliging proprietors to set their houses in order. Notwithstanding all this, fever is still prevalent, and if we may judge from the weekly mortality as given by the Registrar-General, the condition of Glasgow as to health is very much the same as it has been for the last twenty years; and we now find, though an opinion to the contrary is very prevalent, that it bears favourable comparison with most of the large commercial towns in the kingdom.

For long two medical societies existed in Glasgow, one of them nearly coeval with the century,—and which, I am told, did good service to the profession in its day,—the other of more modern origin. About a year ago they were amalgamated, under an impression that united they would be conducted with more energy, spirit, and professional zeal than had been displayed in either of them of late years. The result, I regret to say, has so far not been very satisfactory. A system of carping, narrow-minded fault-finding, not even "damning with faint praise," too often takes the place of liberal-minded, intelligent, and courteous criticism. This, if continued, will, I fear, deter our best men from submitting papers. At a recent meeting Dr. Myrtle, of Harrogate, a corresponding member of the society, read a practical and instructive paper on the beneficial effects of the Harrogate waters in certain forms of chronic disease. The discussion which followed was characterised by much of the spirit which I have mentioned: several of the speakers tried to bring forward objections without an argument to support them, and showed their want of knowledge and experience of mineral waters by doubting, indeed denying, the efficacy of these agents in any conditions of disease, and had taste by denouncing the essayist as a specialist. An effort was made by others to redeem the character of the society by some intelligent and laudatory remarks on the paper, to which it was well entitled. Dr. Myrtle, however, evidently felt chagrined at the whole procedure, and during his reply it required all the tact and influence of the president (Dr. Allen Thomson) to prevent a scene.

I was really glad to see that the Inspector of Anatomy was able to contradict the report that there was a scarcity of subjects at the London schools. It will be most unfortunate for the best interests of the profession should anything occur to interrupt the smooth working of the Anatomy Act. I confess I was surprised at the statement, as here we have a most abundant supply, and the number of medical students in Glasgow in comparison to the population is much greater than in the metropolis. In fact, the anatomical department of our medical school, presided over by Professor Allen Thomson at the University and Dr. George Buchanan at the Andersonian Institution, is most efficiently conducted, and consequently is much resorted to by students of the first and second years. The Anatomy Act has worked admirably in Glasgow, the best proof of which is that we never hear anything about it.

Glasgow, Feb. 26th, 1867.

Parliamentary Intelligence.

HOUSE OF LORDS.

MARCH 22ND.

IN Committee on the Metropolitan Poor Bill,

The Earl of CARNARVON spoke in high terms of the measure, of the ability which Mr. Hardy had displayed in dealing with the question, and of the labours of those gentlemen who had called attention to the necessity of some radical change in the management of poorhouses. He eulogised the change which the Bill would effect in the medical attendance on the poor, and gave his cordial support to the measure.

The Earl of SHAFTESBURY supported the Bill most cordially. He thought, however, Clause 29 deserved careful consideration in so far as it affected insane paupers.

The Earl of DEVON supported the measure, and said Clause 30 made provision for the protection of pauper lunatics. The observations made by Lord Shaftesbury were, however, deserving of full consideration, and should have it.

The Bill then passed through Committee.

MARCH 25TH.

The Earl of DEVON, in moving the third reading of the Metropolitan Poor Bill, made some remarks respecting the authority under which persons of unsound mind were detained in workhouses.

The Earl of SHAFTESBURY having expressed himself satisfied, the Bill was read a third time and passed.

HOUSE OF COMMONS.

MARCH 21ST.

Sir C. STUCKLEY inquired why a medical officer of the army had not been appointed on the Army Sanitary Committee instead of a civilian, who, with his travelling expenses, was to receive £1200 per annum.

Sir J. PAKINGTON said Dr. Sutherland had been appointed in 1855 by Lord Panmure to inquire into the condition of the army in the Crimea; in 1857 he was appointed to inquire into the sanitary condition of the army; and Sir G. C. Lewis appointed him in 1862 to be civilian member of the Army Sanitary Committee. Sir J. Pakington vindicated the course that had been taken. No doubt there might be medical officers of the army capable of performing the duties; but Dr. Sutherland's eminence and services were great, and he (Sir J. Pakington) thought that his honourable friend would be most unwilling to deprive Dr. Sutherland of his position.

Lord STANLEY, in reply to a question, stated that the report of the Cholera Commissioners at Constantinople had not yet been received.

Mr. OTWAY gave notice that he should move to postpone Clause 22 of the Mutiny Bill relating to corporal punishment.

Mr. WALPOLE said, in reply to a question, that the report of the Commissioners on the Pollution of Rivers would be presented in a few weeks.

MARCH 22ND.

Mr. WHALLEY obtained leave to bring in a Bill for the better supply of water to the metropolis and its districts.

The Houses of Labour Regulation Bill was read a second time.

Some discussion took place as to when the House would go into Committee on the Mutiny Bill.

Sir J. PAKINGTON would postpone the stage of the measure until to-morrow. On being pressed by several honourable members as to what were the intentions of the Commander-in-Chief on the subject, Sir J. Pakington said he would make the communication to the House at the proper time.

MARCH 25TH.

Sir J. PAKINGTON gave notice that he should substitute the new clauses in the Mutiny Bill relating to corporal punishment. The first would restrict such punishment in time of peace to three offences—viz., mutiny, aggravated insubordination, and disgraceful conduct of an indecent character; the second would be that no soldier of the first class should be subjected to corporal punishment.

Mr. DENT gave notice that on the 2nd of April he will call attention to the subject of employing women in agricultural labour with a view to placing them under the Factory Act.

Sir G. MONTGOMERY obtained leave to bring in a Bill to consolidate and amend the laws relating to the public health of Scotland.

MARCH 26TH.

A petition was presented by Mr. OTWAY from the foreman and jurors at the inquest held on the body of Robert Sim, 74th Regiment, praying that a sworn inquiry may take place into the punishments which have been inflicted in that regiment, the many desertions from it, and that the evidence of the medical men who attend the inquest may be taken.

Mr. OTWAY gave notice that in Committee on the Mutiny Bill he should move the omission from the new clauses, proposed as an amendment to Clause 22, of all the words after the word "flogging" in the third line.

In reply to questions from Sir J. Jervoise, Lord R. MONTAGUE said that he drew no special conclusion from the reports on yellow fever at Bermuda. In reference to the cattle plague, the Commissioners were clearly of opinion that slaughter and isolation were the only means of arresting its progress. It was not yet completely stamped out.

In answer to a question from Sir W. H. Beach, Mr. WALPOLE said that applications for powers to apply the new regulations for fixing the number of persons who may occupy a house let in lodgings had been made from sixty-five places. The Act worked well, and there was no necessity for further legislation on the subject.

MARCH 27TH.

Mr. MCCULLAGH TORRENS, in moving the second reading of the Artisans' and Labourers' Dwellings Bill gave an account of its main provisions, which had been under the discussion of a select committee. It gives power to the officer of health, either on requisition or without it, to inspect premises in a state likely to engender disease, and upon his report the local authority, after the process of a presentment to the grand jury has been gone through, may cause plans to be made for the improvement or demolition of the premises. The owner of the premises may either sell them to the local authority or carry out the work himself, and if he neglects or refuses to do either, the local authority may effect the improvements, charging the cost to the owner; but when total demolition is required the local authorities must compensate the owner. The expenses of the local authorities in carrying out the Act are to be charged on the local rates, which, however, are not to be increased by more than 3*d.* in the pound; and they are also empowered to borrow money from the Public Works Loan Commissioners under the sanction of the Treasury. Mr. Torrens intimated that he should gladly acquiesce in any improvements which could be suggested in the machinery of the Bill.

The Bill was read a second time after a discussion in which several members took part.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 21st inst.:—

Jordan, William Rose, Birmingham.
Randall, John George, Lock Hospital, Dean-street, Soho.

The following gentlemen also on the same day passed their first examination.

Crewe, Clifford, Guy's Hospital.
Hird, James, St. Thomas's Hospital.
Williams, Humphrey Lloyd, St. Bartholomew's Hospital.
Wilson, Richard Langford, Guy's Hospital.

THE latest news of Dr. Livingstone given to the Geographical Society on Monday contains unhappily nothing to encourage the hope that he may be alive.

AT the last meeting of the Board of Guardians of St. Pancras, the House Committee recommended that a competent and experienced person be appointed as the principal relieving officer, at a salary of £200 a year.

HER Majesty the Queen has caused to be forwarded the sum of £3 to a miner's wife named Maria Jose, living at Camborne, Cornwall, as a donation to the poor woman on the occasion of her confinement of three children.

IT is stated that the dignity of baronet is about to be conferred on William Lawrence, Esq., surjeant-surgeon to her Majesty.

BEQUESTS. — Mr. John D. Middleton, lately deceased, has bequeathed £200 to each of the undermentioned hospitals—viz., the Westminster, the Middlesex, the Charing Cross, and Convalescent Hospitals.

MIDLAND MEDICAL SOCIETY, BIRMINGHAM.—At a meeting held on Feb. 13th, Mr. J. S. Gamgee, President, in the chair, Dr. Foster exhibited a specimen of perforating ulcer of the stomach, situated on the anterior surface of the organ near the pylorus. Mr. Wilders showed a glandular tumour containing pigmentary deposit. Mr. Furneaux Jordan made some remarks on an inflamed nævus and the diagnosis and treatment of such tumours. Dr. Wylie exhibited a specimen of extensive cerebral hæmorrhage, and the heart, with adherent pericardium, from the same patient. Mr. Scofield showed the stomach and œsophagus from a case of poisoning by carbolic acid, and afterwards read the history of an interesting case of embolism, in which, with extensive renal apoplexy, clots were found obstructing the renal arteries. Mr. Wilders read a paper on "The Duality of the Syphilitic Virus," in which he supported the dualistic view by arguments drawn from the history of the disease, from the results of experiments, from the character of the primary sores, and also from the effects of treatment. Interesting discussions followed the papers.—At the meeting held on Feb. 27th, Mr. Harmar in the chair, Mr. Mackey exhibited specimens of caries of the hip and knee joints, and also an example of single kidney, the gland being large, but not horse-shoe shaped. Dr. Keyworth brought under the notice of the Society a fœtus born dead, in which there was no neck, and the anterior abdominal walls were partially absent. Dr. Keyworth and Mr. Mackey were requested to make a dissection of the specimen and report thereon at a future meeting. Dr. Nelson read a paper "On the Treatment of Albuminuria," in which he advocated the use of a highly albuminous diet and the administration of iron, liq. pepticus, &c. A number of cases were read in support of the author's views. Mr. Bassett, Dr. Foster, Mr. Wilders, and Dr. Nelson took part in the discussion.—Several interesting pathological specimens were exhibited by Drs. Steell, Hickenbotham, and Jolly, on the 13th inst. Dr. Neal read a paper "On Change of Type in Disease." A careful review of the whole subject led the author to the conclusion that the great mass of evidence was in favour of the theory of change of type. Mr. C. J. Bracey read a paper "On the Removal of Intra-Uterine Polypi." The use of the chain écraseur of Sims was strongly recommended, and cases were read showing the advantages of this mode of operating. Interesting discussions followed the reading of both papers.

DISSECTING AN ELEPHANT.—The body of the large male elephant, whose death took place recently at Wrexham, has been purchased for the Derby Museum, where it is intended to place the skeleton. From the post-mortem examination it appeared that the animal had died from a rupture of one or more of the vessels of the omentum.

FLOGGING IN THE ARMY.—A requisition is in course of signature at Plymouth, calling upon the Mayor to convene a town's meeting for the purpose of considering the late decision in the House of Commons on Mr. Otway's motion for the abolition of flogging in the army, and the subsequent conduct of her Majesty's Ministers thereon; and to adopt such measures as may be considered advisable for sweeping away this savage and debasing system from both services.

FATAL CASE OF OVARIOTOMY.—M. Koeberlé, the eminent ovariotomist of Strasburg, has published in *La France Médicale* (Feb. 16th, 1867) a case in which tumours of both ovaries were removed, one of which weighed ninety pounds. The adhesions were very extensive, and the oozing of blood was considerable; not so much so, however, as to require the actual cautery, which was ready. The pedicles were tied. The patient died, thirty-six hours after the operation, of hæmorrhage into the cavity of the abdomen. M. Koeberlé deserves a good deal of credit for giving publicity to this case.

Obituary.

PETER COLSTON, ESQ.

WE are deeply grieved to have to record the death of Peter Colston, of Husbands Bosworth, whose untarnished name will suggest to all the practitioners of Leicester and Leicestershire the memory of one of the most upright, honourable, and hospitable men, and one of the worthiest members of our profession. It is not easy to tell the loss which is implied in the death of such a man—the loss to the poor of his neighbourhood, to the county charities and to national charities, to say nothing of the loss to patients and to more immediate friends amongst whom it was our great pleasure to be numbered. We extract the following from the *Leicester Chronicle and Mercury*. The grief of Husbands Bosworth at the death of Mr. Colston will be like that of Isleworth at the death of Mr. Day.

"In early life Mr. Colston—bearing the name of his father, a well-known hosiery manufacturer of this town,—after completing a sound course of preliminary education, under the superintendence of the Rev. C. Berry, was apprenticed to the late Mr. Harris, a general practitioner in Leicester, some years ago. Whilst enjoying the benefits and advantages arising from a general practice so extensive as that of Mr. Harris, Peter Colston was in quiet communion with kindred spirits and *confrères* in the surgery that nursed the present Mr. Thomas Paget (now a distinguished member of the Council of the Royal College of Surgeons, and a late President of the British Medical Association). In company with Mr. Bowmar, Dr. Thompson, the late Mr. May, and others now departed, Mr. Colston had the benefit of early lessons in surgery from the father of the present Mr. Paget, during the time he filled the office of surgeon to our General Infirmary. From Leicester his professional education was transferred to St. Bartholomew's, in London, and completed under the auspices of Abernethy, Lawrence, Skey, and others well known in medical and surgical history. For many years Mr. Colston acted as medical officer to the Husbands Bosworth district of the Market Harborough Union, and during that time frequently supplied food, as well as medicine, to those necessitously placed under his gentle care. In a long life, the principles inculcated by Abernethy and Lawrence have been well and truly verified in the character we have cursorily described in this brief sketch. Having seen the subject of our notice as the 'parish doctor,' blended with the county gentleman, let us follow him on a little further. From the time our present Mr. Paget's father was an operative surgeon in the Leicester Infirmary (the present Mr. T. Paget held office thirty-three years) Mr. Colston has taken a lively though a quiet interest in promoting the commercial welfare of the institution, by courting subscriptions, &c., and making those subscriptions subservient in a direct manner to the wants of the really sick and needy. From the foundation of the Royal Medical Benevolent College at Epsom—for the support of disabled medical men and their widows and the education of their children—Mr. Colston appears to have been not only a substantial patron, but an active canvasser for foreign help in the shape of lay contributors, who appear on his list, as local secretary, in goodly numbers. Widowed mothers, with young sons, bred and born as it were in the profession, and within the limits of our own county, will shed a tear on reading this obituary notice of their departed friend, Peter Colston, of Husbands Bosworth."

MEDICAL VACANCIES.

Birmingham and Midland Eye Hospital—House-Surgeon.
Birmingham Borough Lunatic Asylum—Assistant Medical Officer.
Builth Union (Abergwessin District)—Medical Officer, vice Dr. Bloomenthal, resigned.
Great Northern Hospital—House-Surgeon.
Lock Hospital—House-Surgeon.
Salford Union Workhouse—Resident Medical Officer.

MEDICAL APPOINTMENTS.

T. BARON, M.R.C.S.E., late of St. Thomas's Hospital, has been appointed Junior House-Surgeon to the Royal Infirmary Liverpool, vice C. Pusey, L.R.C.P.L., appointed House-Surgeon.

T. BOND, M.B., B.Sc. Lond., F.R.C.S., has been appointed Surgeon to the A Division of Police, Hon. Surgeon to the Royal Humane Society (St. James's-park District), and Civil Examining Surgeon to the Royal Marine Recruits.

J. H. DAVIDSON, M.D., has been appointed Assistant Medical Officer to the Cheshire Lunatic Asylum, Chester, vice J. Norrish, M.R.C.S.E., resigned.

E. EXELL, M.R.C.S.E., has been appointed Resident Medical Officer to the Eastern Dispensary, Bath, vice F. C. P. Howes, M.R.C.S.E., resigned.

J. V. HAWKINS, M.D., has been appointed a Justice of the Peace for the Borough of Lynn.

A. H. JACOB, M.D. T.C.D., F.R.C.S.I., has been appointed Ophthalmic Surgeon to the City of Dublin Hospital.

H. LUCAS, M.R.C.S.E., has been appointed Surgeon to the County Gaol, Huntingdon, vice M. Foster, M.D., resigned.

H. MINCHIN, M.B., F.R.C.S.I., has been elected Professor of Botany in the Royal College of Surgeons, Ireland, vice the late Arthur Mitchell, M.D., L.K.Q.C.P.I., F.R.C.S.I.

C. F. OXLEY, M.R.C.S., L.R.C.P.Ed., late House-Physician at Westminster Hospital, has been appointed Junior Assistant Medical Officer to the West Riding County Lunatic Asylum, Wakefield.

C. PUSEY, L.R.C.P.L., recently Junior House-Surgeon to the Royal Infirmary, Liverpool, has been appointed House-Surgeon, vice G. R. V. Nash, M.R.C.S.E., resigned.

J. ROBINSON, L.R.C.P.Ed., has been appointed House-Surgeon to the Cumberland Infirmary, Carlisle, vice Dr. Braidwood, resigned.

Mr. J. TREMEARNE has been appointed House-Surgeon to the United Hospital, Bath, vice Mr. T. D. Saunders, whose appointment has expired.

D. TURNER, L.R.C.S.Ed., has been appointed one of the Medical Officers for the Parish of St. Mary, Islington, vice A. C. Cockerton, L.R.C.P.Ed., resigned.

Births, Marriages, and Deaths.

BIRTHS.

On the 20th of Jan., the wife of Thomas Kitching, M.R.C.S.E., &c., District Surgeon of Prince Albert, Cape of Good Hope, of a son.

On the 10th inst., at Wendover, the wife of Henry Wilson, M.R.C.S., of a son.

On the 20th inst., at Accrington, Lancashire, the wife of Wm. Smyth Russell, M.R.C.S.E., of a son.

On the 21st inst., at Southminster, Essex, the wife of Thos. Carter Wigg, M.R.C.S.E., of a daughter.

On the 21st inst., at Lyons, the wife of R. Hamilton, F.R.C.S.E., of Princes-road, Liverpool, of a son.

On the 22nd inst., at Croft House, Thornton, Bradford, the wife of William Chesteris, L.R.C.P. & S. Ed., of a son.

On the 25th inst., at Cuckfield, Sussex, the wife of C. E. Saunders, M.D., of a daughter.

MARRIAGES.

On the 14th inst., at St. Mark's Church, Marylebone, Frederick Wm. Strange, M.R.C.S.E., to Kate, daughter of H. W. Bucknall, Esq.

On the 21st inst., at Holy Trinity, Paddington, Frederick George Graves, M.D., of Westbourne-terrace Villas, to Jessie Johnstone, daughter of the late Charles Cunningham, Esq.

DEATHS.

On the 7th inst., G. V. Freer, M.R.C.S.E., of Donnington, Lincolnshire, aged 54.

On the 9th inst., W. Heighington, M.D., of Donard House, Athy, Co. Wicklow, aged 64.

On the 16th inst., G. B. Knowles, F.R.C.S.E., Hon. Surgeon to the Queen's Hospital, Birmingham, for many years Professor of Botany and Materia Medica at Queen's College, Birmingham.

On the 17th inst., R. Emmerson, M.R.C.S.E., of Sandwich, Kent, J.P. for the Borough, aged 83.

On the 19th inst., J. Ashton, M.D., of Greek-street, Stockport, one of the Physicians to the Stockport Infirmary, aged 66.

On the 20th inst., at Birkdale, Southport, F. C. Goodwin, M.D., late of Harpurley, near Manchester, aged 72.

On the 22nd inst., J. W. Woodfall, F.R.C.P.L., of Maidstone, aged 58.

On the 23rd inst., at Liverpool, Elizabeth Augusta, the wife of A. B. Steele, Esq., Surgeon, aged 48.

BOOKS ETC. RECEIVED.

Giornale di Medicina, Farmacia e Veterinaria Militare dell' Esercito Italiano. 1867. No. 1 e 2. (Firenze.)
Annali Universali di Medicina. Feb. 1867. (Milano.)
Le Mouvement Médical.
Mr. Blox-m's Chemistry, Organic and Inorganic.
L'Imparziale. (Firenze.)
Dr. Brinton on Intestinal Obstruction.
Mr. B. Scott's Statistical Vindication of the City of London.
Dr. Maudsley's Physiology and Pathology of the Mind.
&c. &c. &c.

To Correspondents.

THE OFFICER OF HEALTH AND THE SANITARY COMMITTEE OF SOUTHAMPTON.

THE Sanitary Committee of the town of Southampton have behaved in a very shabby manner towards their officer of health, Dr. M. J. MacCormack. During the late outbreak of cholera in that town, Dr. MacCormack was handed over, as it were, to the Board of Guardians, to act as their officer in taking steps to arrest the progress of the disease, and treat such patients as were attacked by it. This Dr. MacCormack did, and performed many arduous duties, extending over a period of 110 days, to the satisfaction of all. For these services—services which were clearly extra to those of the officer of health—the Sanitary Committee have the coolness to recommend the munificent reward of £25, or less than 5*s.* a day! This offer Dr. MacCormack declines, and says "it would be derogatory to my position and unworthy of my profession to accept" such a remuneration. This opinion will, we think, be entertained by the members of the profession generally. The affair has given rise to much discussion and controversy in Southampton—controversy which has occasionally been somewhat too angry and personal, and still disturbs the quiet of the town. It is to be hoped, however, that the matter will be amicably settled.

W. W. L.—The National Vaccine Establishment was founded by Government for the purpose of more effectually carrying out vaccination, and for the supply of pure lymph without charge to practitioners applying for it. At the time it was founded the Poor-law Board did not exist, and there were no district or parochial vaccinators. Undoubtedly the National Establishment has ceased to have the importance it formerly possessed, and many of the stations of the Association have been dispensed with. It still, however, does good service through its connexion with the medical department of the Privy Council. It supplies lymph to all medical practitioners who apply for it, and this lymph is obtained from the various stations of the Association, and is for the most part to be relied upon.

J. L., F.R.C.S., shall receive a private note.

Philx.—A licentiate of the Faculty of Physicians and Surgeons of Glasgow can use the title of "Dr." by courtesy.

M.D. Oxon.—Consult the works of Mr. Quain and Mr. Ashton on the subject.

THE ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—A great deal has been written, a great deal suggested, and a considerable deal actually done relative to this branch of the service; but still grumbling goes on, and, in my opinion, ever will until effective steps are taken (by doing away with inconsistencies) for its improvement. I must say the Government, so far as money goes, has been liberal, inasmuch as the daily pay is somewhat increased; but to get good medical men into the army or navy, you will have to double, aye, treble, the sum, with proper retiring allowance. If you do nothing else except bribe, the emoluments and position attending private practice, in comparison, are too strong attractions.

Although I have never, I am proud to say, experienced personally much annoyance, yet I have seen enough of other medical officers and their social positions to enable me, yes, to justify me, in coinciding with almost all I have heard complained of by the department, and I feel sorry that the head of the department cannot, or will not, rectify such grievous matters. The consequences speak for themselves: the scarcity of qualified gentlemen to enter the army or navy.

> "When the devil was sick, the devil a saint would be;
> When the devil got well, the devil a saint was he."

So the doctors in her Majesty's army are treated. There is a great talk, and more surprise among what are called "the combatants," that the doctors complain of their social position. Is it extraordinary? No, it is a natural complaint, and I fear it is irremediable at present. In fact, cornets, ensigns, lieutenants, and assistant-surgeons have nothing in common to talk about. The assistant-surgeon is out of place; he is in a false position, and he remains so till the last day of his service, in a regiment particularly. Reflect on a few inconsistencies. On joining a regiment, the assistant-surgeon is made to appear in the uniform of an officer of her Majesty's army (or navy, as the case may be). His tailor and servant dress him up in it. He is made to march with his regiment, yet he was never taught how to march. He is made to ride on a regimental saddle, yet he was never taught how to ride. He carries a sword, but he must not draw it. He wears ornaments (by-and-by) same as a captain or a major, yet he is neither. He wears war medals, yet he is a non-combatant. Strange, but true. When I go to mess, I feel that I am dressed up in clothes I have no right to wear; and when a sentry presents arms, I feel inclined to say, "I am not a colonel; put up your gun." These are some of the absurdities, which are galling to the feelings of educated gentlemen, from the fact of their being in a false position.

Again, let me remind you that almost any man, with a very little training, can do a subaltern's duty—one can do it for another, but none of them can do the doctor's; yet I am quite certain that it would be the greatest gratification to the soul of every Englishman if he could assist a fellow-sufferer. Oh, what a comfort it is to be able to afford relief by medical knowledge. What a profession! second to none; yet this man's private life is rendered unhappy in the army. These are his own feelings. Now for a word or two as to how they are aggravated at times by annoyances from his brother officers. His rank and his ornaments of dress occasion, I fear, jealousy, and I am not astonished at it. The doctor, for instance, in ball-rooms is taken for (that is the proper term) a major; most probably also he is a better-looking fellow; he is looked up to, to the chagrin of other officers. At last Cornet Jones tells his sister she must not dance with so-and-so; he is not a major; he is only the sawbones. Such are petty annoyances to the man who has no wish to sail under false colours; but he is ordered. This is the usual origin or cause of the doctor's name being left out of the list of officers for invitations to official assemblies (I trust jealousy has nothing to do with it). Again, on a march, very few officers will march beside him; his dress is so hideous, so marked, in a regiment particularly; he is not only the laugh of the men, but the laugh and practical joke of every little urchin in the street. This is also galling to the medical man. Now, let me ask, why all these inconsistencies? They may be removed by one sweep of his Royal Highness's pen through one word—non-combatant. The very term seems an absurdity in the army or navy. It, in my opinion, ought only to be applicable to half-pay or retired officers and to chaplains. As regards medical officers, I beg to suggest that, on joining a regiment, the assistant-surgeon should be sent to drill, and trained exactly like the other subalterns, and with them, and, when trained, to become a duty officer also, but with R.M.S. after his name in the Army List, where it should appear (as regimental medical staff) according to seniority in the regiment. This training on joining will give him no special command, no more than a staff officer has when on a general officer's staff. His dress, as also the dress of the other regimental staff, should be exactly the same in every respect as the other officers, with the exception of the plume in the helmet or tuft in the shako, which should be of the same colour as that worn by the band (which is in itself a drilled staff), or, perhaps in the whole army, white. The position on parade of the regimental staff the same as now, right of the line; but on the move, where the commanding officer is, there ought his staff to be, except when employed on special duty in the field; they ought also to march past with the commanding officer. Mark now the advantage to the service in all ways: social position at once improved; everything in common to talk about in private and at mess, and with as much licence. He will be thus a subaltern officer, but doing staff duty.

The service can then dispense with all "recruiting officers." For who is the responsible man for the recruit? The doctor. He will be eligible for courts-martial and boards, sitting as president or not according to rank; and who so useful? From his age he will have authority at the mess-table, and be able to settle misunderstandings. By doing away with the list of officers on the recruiting service, a vast amount will be saved to the public, and many valuable officers' services gained for their regiments and other important posts, and out of this a better retiring allowance can be had for medical officers.

Two suggestions I have heard made. One is, to dress all the medical men in one uniform. This in England will never induce gentlemen to join. Another, to have a sort of routine duty, say five years. This is far from being in accordance with justice to the private soldier. Who so likely to understand his constitution as the medical man who attended him for the past four or five years? In truth, I am of opinion that in her Majesty's army the medical man must be either a soldier or civilian, and unless this is accomplished, the three great schools of medicine will not supply the proper number either in quality or quantity.

In conclusion, I cannot help thinking, even although we are under the command of a Royal Prince, who soars above all petty annoyances, from the never-ceasing interest his late Royal Highness the Prince Consort took in promoting the advancement and furthering the comfort of all scientific men, that had he been alive, our profession would have had in him a noble advocate and patron, and certainly our names would not have been forgotten to be laid before her Majesty for honorary distinctions amongst our immediate brother officers in the army, navy, militia, or volunteers. Feeling that the department requires remodelling, and that the soldiers, for themselves, for their wives, and for their children, require well qualified medical attendance, I have been induced to write at such length, for which accept the apologies of,

Yours faithfully,

March, 1867. RADIX.

M.D.—The certificate of death of a person assured is to be paid for by the party interested in the policy. It is a mistake to suppose the Office in which the deceased was insured derives any benefit from the death. Our correspondent, therefore, was in error in applying to the Office for his fee, which should be paid by the person holding the policy.

S. J. G. O. should consult his medical attendant. On no account should he read works on the subject.

Mr. G. H. Watson.—The pamphlet of Mr. Charles Hunter.

Tasmania (Hobart Town) has forwarded to us a remarkable circular issued by a firm of surgeons of that town. It is altogether so curious that it is worthy of preservation in our pages:—

> "The presence of a consulting physician and surgeon having for a long time been required in Hobart Town and its vicinity, and the absence of which having, in many cases, proved a serious inconvenience to the public, I considered it advisable to invite a gentleman from London, possessed of the requirements needed, and likewise conversant with the details of *modern practice*, with whom to associate myself and son. Dr. —— having arrived, the professional arrangements will, for the future, be carried on under the style of Messrs. —— and ——, Dr. —— may be consulted at his residence; Messrs. ——, as heretofore. By this combination, patients in the country will at any time be enabled to command the services of a practitioner from Hobart Town, a circumstance always uncertain whilst practice has to be carried on by a single individual.
>
> "A. B."

A Fellow Elect will not be allowed to vote at the annual election in July next unless he shall have been *admitted* a Fellow, notwithstanding the payment of the fees. The Calendar goes to press in July.

A. Z.—Yes.

THE communication of *Dr. Bidenkop*, of Christiania, "On Syphilitic Inoculations *versus* Tartar-Emetic Ointment," shall if possible be inserted next week.

RELAXED ELONGATED UVULA.

To the Editor of THE LANCET.

SIR,—In response to "M.R.C.S.," who in your impression of Feb. 16th inquires for a remedy for a relaxed elongated uvula (not truncation), I wish to state that in a case of post-diphtheritic hypertrophy of the tonsils, accompanied by uvula elongation and relaxation, which occurred in November, 1863, after failure of topical treatment by nitrate of silver, both in solutions varying in strength from one scruple to half a drachm to the ounce, and in substance also, as well as by tincture of the sesquichloride of iron, I was led to test the efficacy of compound tincture of iodine, applied with a camel-hair brush, at intervals of three days, and after three or four applications the parts were reduced to their normal size and healthy appearance.

Since the period above mentioned it has been my constant practice to use locally the iodine tincture in all cases of relaxed uvula and chronically enlarged tonsils, and the remedy has effectuated a celerity and completeness of cure unattainable by any other therapeutic agent, in my hands at least.

Yours obediently,

Blakesley, March 13th, 1867. T. OSBORNE WALKER.

A CORONER'S INQUEST AT BRISTOL.

MR. D. SAMUEL, about sixty-six years of age, a hale and hearty man, was returning home about eight o'clock at night along Clare-street, when he was observed to slip several times, and on the last occasion he uttered a groan, and fell upon his left side, his head coming in contact with some brass-work attached to a shop-shutter. He was taken into a neighbouring shop, but died instantly. He had not exhibited symptoms of disease of the heart, and was a sober, careful man. Medical assistance was sent for, and Mr. Talbot, a surgeon, attended immediately. Mr. Talbot was not called at the inquest, and no post-mortem examination was made of the body; but the evidence of a druggist, who had prescribed for the deceased a week before, was taken: he attributed the death to the fall. The jury returned a verdict, "Died suddenly from natural causes." What proof was there that the death was natural? Might there not have been fracture of the skull? The inquest failed to determine the real cause of death, notwithstanding the verdict. Why was not the evidence of Mr. Talbot required and used?

X. Y. Z.—A member of the Royal College of Surgeons can sue at law for attendance and medicine supplied in a surgical case. If the case be a medical one, and there be no bye-law of the University to which a M.D. belongs to prohibit him from practising pharmacy, he can, under the provisions of the Medical Act, recover for medicine supplied and also for attendance.

A. B. K. R.—1. The Colleges of Physicians and Surgeons of England have not concluded any negotiations which will have the effect of enabling them to grant jointly a double qualification.—2. None that are worth recognising.

Camberwell.—Any respectable surgeon can treat the case.

A REQUEST.

A CORRESPONDENT asks us to publish his request that any of those gentlemen who during the recent or previous epidemics of cholera practised injection of saline fluids into the veins, will be good enough to reply in THE LANCET to the following questions: Was the heart auscultated soon after the patient was injected? and, if so, what was observed? Did a systolic murmur or any other notable change from the normal sounds exist?

R. C.—1. Dr. Southey believes that scrofulous pneumonia affects all parts of the lungs without preference; but that the relatively larger size of the air-cells towards the apex and certain other anatomical conditions determine the disease to that spot.—2. Maclaren on Training.

Mr. Maurice G. Evans.—The work is published by Hardwicke, Piccadilly.

THE TREATMENT OF GONORRHŒA IN THE LONDON HOSPITALS.

To the Editor of THE LANCET.

SIR,—None of the surgeons whose treatment of gonorrhœa is given in your impression of the 16th instant say a word about their experience in the use of soluble bougies. I am induced to notice this because I believe the application of injections to an inflamed mucous surface often increases the inflammation rather than otherwise; whereas if the application be kept in constant contact with the diseased surface, the morbid action is effectually stopped. My attention was first drawn to this principle of treatment by the following circumstance:—While travelling up the Danube last summer, a gentleman applied to me, suffering from gonorrhœa in the acute stage. I had some acetate of lead with me, but no syringe or medicine. I therefore folded up a piece of cigarette-paper into a narrow slip, and having dipped it into a strong solution of the acetate of lead, passed it about an inch and a half up the urethra with a probe, leaving one end protruding. I then placed three or four folds of the paper over the glans, and drew the foreskin over, directing that the paper should be kept constantly wet with the lotion. Thus the paper being very porous, the lotion was in constant contact with the first inch and a half of the urethra. This I repeated after each micturition for two days, at the end of which time the discharge had entirely ceased, and did not return.

This treatment I have repeated, and invariably found it successful. Of course this is only a rough method of treatment; but I believe the insertion into the urethra of a soluble bougie, containing acetate of lead or tannin, would be equally efficacious, and certainly much easier to apply, as it might be kept in by a piece of plaster.

I remain, Sir, yours obediently,

Parliament-street, March, 1867. THOS. BOND, F.R.C.S.

*** In THE LANCET "Mirror" for May 12th, 1866, our correspondent will find an account of an ingenious method of treating gonorrhœa and gleet by the use of soluble bougies, devised by Mr. Henry Thompson, and used with success at University College Hospital.

To the Editor of THE LANCET.

SIR,—In the account given of the treatment of gonorrhœa in the London hospitals, I do not see any notice of a plan which may be called "the disinfectant," and which I believe to be very valuable in suitable cases. This plan consists in frequent injections of a solution of carbolic acid and bicarbonate of potash, half a fluid drachm of the former and one drachm of the latter to a pint of water. I direct this injection to be used every two hours if the gonorrhœa has only just commenced, and there is little or no thick pus being discharged, and if there be little or no swelling of the glans penis. If there be any great swelling of the glans, and copious purulent discharge and much scalding, I discontinue the injections, and use antiphlogistic medicines internally. The liquor of acetate of ammonia and tincture of henbane are very useful in this stage. When the swelling has abated, I recommence the injections of carbolic acid and potash every three or four hours.

I have every reason to be satisfied with the results of this plan of treatment, which I have tried at King's College Hospital during the last seven or eight months. I at first used carbolic acid alone without the potash, and in one or two cases unpleasant symptoms occurred, which seemed to be due to the great irritation set up by the acid. I have not found any such results from the injection of carbolic acid and potash.

I have been in the habit of treating the acute orchitis in gonorrhœa by puncture of the tunica albuginea in all cases in which there was severe pain, such as prevented sleep. It has almost always given speedy relief, and in several instances in which other remedies had been tried, and had failed to relieve the pain, the incision into the front and lower part of the testicle, as recommended first by Vidal de Cassis, and more recently by Mr. Henry Smith, has given speedy and persistent relief of all the symptoms.

I have had no experience of puncture of the epididymis, as mentioned by Mr. Wood; but I can confirm his statements of the *immediate* relief afforded by merely puncturing the tunica vaginalis. In two cases I let off the serum that had collected in this cavity by means of a fine trocar, and the patients expressed themselves as much benefited; but they soon had a return of the pain and swelling. I am inclined to think, therefore, that it is of importance to let blood from the organ as well as to slacken the distended serous bag.

I am, Sir, your obedient servant,

W. SPENCER WATSON.

Montague-street, Russell-square, March 18th, 1867.

To the Editor of THE LANCET.

SIR,—In admiration of your bringing before the medical profession the present hospital practice in cases of gonorrhœa and gleet, I beg your permission to propose, through the medium of your invaluable journal, that the following treatment should be fairly tried and reported on:—

For males: pills and injection only; of calomel and compound colocynth, one to two and a half grains in each pill, night and morning; one drachm of tincture of iodine to six ounces of water for injection every three hours with a small glass syringe.

For females: pills and iodine paint only; of blue pill and compound rhubarb, one to two and a half grains in each pill, night and morning; tincture of iodine applied with the speculum and camel-hair pencil internally every day.

I have used this treatment during ten years without a failure—in all sorts of cases, however inflamed the parts may be in gonorrhœa, or obstinate the gleet.

If individuals throughout the country will come forward with their practical knowledge, and assist your praiseworthy efforts for the advancement of science, I believe a more simple and painless treatment will be discovered than even the above.

Yours faithfully,

Wimborne, March 18th, 1867. M.D.

A. B. C., M.B., states that he was called to see a man who had been injured by an overturned waggon in a narrow lane. The man was the driver, and the horses had run away. He was much hurt; three or four ribs on either side were fractured, and extensive emphysema of the body existed from one of the ribs penetrating the lung. Jaundice and dropsy supervened. "A. B. C." attended the patient until he was sufficiently recovered to be removed to his own home, about four miles distant. Now, were the firm who employed the waggoner liable for the cost of the medical attendance? It is stated that one of the firm said to the man's wife, who was nursing her husband, before a witness, that "he wished the doctor to give every attention, and he would see him righted." The firm refuse payment, and contend the wife had no authority to say they would defray the medical expenses. They hoped, however, the doctor would be paid by the parish, as they had already been put to great expense on account of the patient. The question obviously resolves itself into this: Was the verbal promise to pay, made through the wife, binding in law? We think not, and that the surgeon cannot recover on that ground. If the surgeon had been employed by the firm from the first, and they had then contracted to pay him, he could have recovered.

Anti-Hooting.—It is better not to insert an anonymous attack.

LEGISLATION ON VACCINATION.

Mr. Rendle, the indefatigable officer of health for Southwark, at the last meeting of the Metropolitan Association, after making some general observations on vaccination and the legislation connected with it, suggested the following plan:—

"That there shall be a local responsible body of some extent, to superintend and be answerable for efficient vaccination in a district. To pay all costs and receive all fines—to be the public prosecutor.

"Behind this a central power (much wanted in many ways), a department of public health, which, on appeal from a locality, should the matter complained of not be satisfactorily explained, should send an inspector, and, on contumacy, temporarily work the Act.

"Instead of the many useless forms and registrations, one only would suffice, a line only of which filled up by vaccinator and inspector would quite suffice. There should be open for inspection of vaccinators lists of young persons unvaccinated; an alphabetical list of all successfully vaccinated to be published with the local body's reports once a year. All new cases of small-pox in the district to be thoroughly inquired into and reported upon, so that any unvaccinated persons introducing the disease might be prosecuted, and fined or otherwise punished. All, or at least the first six, cases of death from small-pox in a district to be made the subject of inquest, and complete evidence furnished by the local authority vaccinators. Every registered practitioner who chooses to apply, to be appointed, and when appointed, to place conspicuously a plate (supplied of a uniform pattern and wording by the authority) announcing it. This would supply a multitude of convenient stations, and, for further regularity and convenience, two certain days weekly might be appointed, to be adhered to except under extraordinary circumstances.

"The minimum payment 2s. 6d. per case. Notice of cases vaccinated to be forwarded in good time to an *inspector*, who should be the public medical officer, officer of health or the like, of the district, a man of standing, and well qualified. He only to inspect and certify, and not to vaccinate. All cases notified to him for inspection and inspected to be paid for, whether successful or not. No lymph to be used unless the last column of the return is filled up that the case is a good one for this purpose, and so certified by the inspector. Persons inoculated for small-pox to be punished. Persons through whose neglect or obstinacy small-pox is introduced into a district to be also heavily punished. And here after a short time public opinion and sympathy would go with the prosecution. Security for inspection under fine, and provision for payment of a small sum to poor persons whose healthy children are brought by appointment for the purpose of arm-to-arm vaccination."

W. S.—Surely the ordinary remedies for neuralgia should be used before the publication of the case.

Dr. P. H. Daly.—1. As soon as possible.—2. We believe not.

ETHER FOR PRODUCING LOCAL ANÆSTHESIA.

SINCE the introduction of Dr. Richardson's method of producing local anæsthesia, it has become a desideratum to obtain for use in this operation an ether with a low boiling-point. Ordinary commercial ether cannot be advantageously used on account of the alcohol and water that are present in it. The Pharmacopœia describes the ether commonly used in medicine as a volatile liquid, "containing not less than 92 per cent. by volume of pure ether." Its specific gravity is represented to be 0·735, and its boiling-point about 105° Fahr. Pure ether has a specific gravity of 0·720, and it boils at 96° Fahr. This pure ether, which is included in the new Pharmacopœia, produces intense cold by evaporation, on account of its great volatility. Latterly some liquids have been employed rivalling even pure ether in volatility, and consequent power of producing cold by evaporation. A preparation of this kind is made by Messrs. Robbins and Co., of Oxford-street, and sold under the name of "Dr. Richardson's Compound Anæsthetic Ether." It is recommended on account of its low specific gravity and boiling-point. We have examined some of this compound ether, and find its specific gravity to be 0·647. It begins to boil at about 65° Fahr.; but the temperature rapidly rises until it reaches 90°, at which it remains for some time, but it ultimately rises to 100° or more. It is obviously, therefore, a mixture of several volatile liquids, of which pure ether seems to be the principal ingredient. It probably also contains some of the more volatile hydrocarbons of the petroleum oils.

Cumus.—1. The *Dreadnought* is a good field for practice in dressing and the minor operations.—2. He should apply on this point to Dr. Grailly Hewitt, of Berkeley-square, London.

Mr. A. Alexander.—Painting the spots with collodion for a while will sometimes remove the effects.

JEWISH PAUPERISM.

A VALUABLE work, embracing topics not especially within the scope of Mr. Hardy's Bill, by Dr. Stallard, and entitled "Pauperism amongst Jews and Christians," is in the press. It gives an excellent comparison of the systems adopted by the two sects, in which the former contrasts most favourably with the latter. Amongst the Jews there is less sickness and death. The average duration of life is longer than amongst Christians; there are no burial clubs or the like to excite an interest in the death of children; no encouragement is given to confirmed paupers; everything is done to afford relief and assistance to those who show a disposition to help themselves; and the machinery by which this is effected is described fully in the work. Dr. Stallard is entitled to speak with all authority on the subject of out-door relief, and he has written a book in a charming style, full of the most suggestive material, which deserves to be carefully read by all who are interested in obtaining a more successful and humane treatment of paupers.

QUACK PUBLICATIONS.

WE still continue to receive a mass of correspondence and complaints in reference to the increasing circulation by post of the publications of quacks who prey upon the fears of the public. An officer writes to us to say he and his relatives have of late been inundated by circulars, and that it is his intention on his first visit to town to inflict personal punishment on his annoyers. Why do not the public stir in the matter, and press upon the Home Secretary the necessity for some legislation? Surely we have indicated the enormity of the evils produced.

THE announcement that Dr. James Jenkins has been nominated a C.B. is, we are informed, incorrect.

Abbots Langley.—1. Erichsen; Fergusson; Holmes's System.—2. Any systematic work on the subject.

Sir John Lillie shall receive a private note.

A Constant Reader.—The Mutual Provident Alliance, Albion-place, Blackfriars.

OBSCURE ABDOMINAL PAINS.

To the Editor of THE LANCET.

SIR,—Let "M.D." apply galvanism for fifteen minutes three or four times a day to his patient, or whenever the pain begins. It ought to be no severer than is pleasant to bear, and it ought to be continued while the pain lasts. Or let him cover his patient's abdomen with a belladonna plaster. Chlorodyne in half-drachm or one-drachm doses internally if an anodyne is required.

Liverpool, March, 1867. M.D.

PILFERING FROM MEDICAL PRACTITIONERS.

J. B. M., a surgeon, residing close to Bedford-square, states that the other evening a woman called upon him with the ostensible object of engaging him to attend her in her confinement. She was only two or three minutes in his reception-room, long enough only to give him a false address; but she contrived to abstract a new pair of boots, with which she successfully made off. This kind of petty theft is very common.

HEALTH OF THE NAVY.

THE statistical abstract of the health of the navy is furnished with a view to afford the latest information on that subject to the House of Commons. We are informed that it would not be possible to bring it up to the 31st of December, as the information is to be rendered in February, and the necessary documents would not be to hand.

Mr. O. Redwood.—The document forwarded to us by Mr. Hayward was signed by several of the persons more immediately interested in the dispute, who bore testimony to the accuracy of the statement made by Mr. Hayward, and which statement completely exonerated that gentleman from all blame.

Mr. Gaskoin is thanked.

A Country Surgeon inquires what material for stopping teeth has been found the easiest of application, and at the same time the most durable.

COMMUNICATIONS, LETTERS, &c., have been received from — Sir J. L. Lillie; Dr. Murchison; Mr. Dickinson; Dr. Williams; Mr. J. Smith; Mr. Gaskoin; Dr. Osborn; Mr. Shield; Mr. Goodliff; Dr. MacCormack; Mr. Alexander; Mr. H. Harben; Mr. Roberts; Mr. Swift; Dr. A. W. Clark; Dr. Chever; Mr. Baines; Mr. Phillips; Mr. Ranford; Mr. Mortimer; Mr. Hutchinson; Dr. Morison; Mr. Thurstan; Dr. Anderson, Glasgow; Dr. Green, Bristol; Mr. Allen; Dr. Evans, Narberth; Mr. Knight, Birmingham; Dr. Turnbull; Mr. Cadge, Norwich; Mr. Buckell; Dr. Braithwaite, Leeds; Dr. Smallman; Dr. Doble; Mr. Holding; Mr. Harris, Durham; Mr. Liston; Mr. Beckett; Mr. Green, Dursley; Mr. Lewis; Mr. Knight; Dr. Cobbold; Dr. Johnstone; Dr. Carse; Mr. Mann; Mr. Cook; Mr. Hall, Holbeach; Mr. Percy, Glasgow; Mr. Simmonds; Mr. Harrison, Liverpool; Mr. Bennett; Mr. Parker; Dr. Fairless; Mr. Waring; Mr. Steele, Liverpool; Mr. Winfield James; Mr. Hall, Truro; Mr. Lucas; Mr. Haining, Halifax; Mr. Harris, Worthing; Dr. Bond; Dr. Stuart; Mr. Heygate, Kelsworth; Dr. Saunders, Cuckfield; Mr. Horner, Birmingham; Dr. Elmes, Plymouth; Mr. Iries; Mr. Lawler; Mr. Hunt, Bawtry; Dr. Bedwell, Northleach; Mr. Ames; Mr. Hodgkin; Dr. Redmond, Whitstable; Mr. Martin, Little Hulton; Mr. Bagshaw; Mr. Duke; Mr. Hill; Dr. Piddock; Dr. Macloughlin; Dr. Oseley, Wakefield; Dr. Gervis; Dr. Reed; Dr. Keyworth, York; Mr. Lawton; Mr. H. Tibbitts; Dr. Alston, Glasgow; Mr. Arnold, Tipton; Dr. Leadam, Iver; The Editor of "Debrett's Illustrated Peerage," &c.; A Country Surgeon; Camberwell; Dum Spiro Spero; H. R. F.; M.D.; Society of Arts; J. L.; J. P., Stonham; Tasmania; A Country Practitioner; M.R.C.S.E., Bristol; P. Q.; A Reader; K.; R. C.; Profounis; C. W.; An Officer; C. G.; W. S.; J. F.; A. L.; M.D. Oxon.; R. F.; Camus; J. B. M.; &c. &c.

THE *Tiverton Gazette*, the *Liverpool Mercury*, the *Daily Bristol Times*, the *Limerick Chronicle*, the *Army and Navy Gazette*, the *Sporting Gazette*, the *Southampton Times*, the *Dublin Express*, the *Western Daily Mercury*, the *Birmingham Daily Gazette*, the *Warrington Advertiser*, and the *Barnsley Chronicle* have been received.

Medical Diary of the Week.

Monday, April 1.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Macpherson, late Inspector-General of Hospitals, Bengal Army, "On the Early Sites of Cholera in India from the Middle of the Sixteenth Century to the Present Day."—Mr. J. N. Radcliffe, "On the Propagation of Cholera by Water as a Medium, with special reference to the Outbreak at Theydon Bois, Essex, in 1865."
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. R. W. Dunn: "Some Observations on Infantile Syphilis."
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M.

Tuesday, April 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Rev. G. Henslow, "On Botany."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, April 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—4 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7½ P.M. Council Meeting.—8 P.M. Special Meeting.
SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND COMMERCE.—8 P.M.

Thursday, April 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Pengelly, "On the Antiquity of Man."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Chapman, "On Paralysis."—Dr. C. Meredyth, "On Hygiene in relation to Syphilis."

Friday, April 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Pengelly: "St. Michael's Mount, Cornwall."

Saturday, April 6.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Pengelly, "On the Antiquity of Man."